



Training Model Primary Provider (TMPP) Project Final Report

For security reasons, all photographs used in the original version of the Final Report have been redacted for this version of the report.

December 2006

This publication was produced for review by the United States Agency for International Development. It was prepared by RTI International.



Training Model Primary Provider (TMPP) Project

Final Report, December 2006

Contract GHS-I-04-03-00028-00

Prepared for
USAID-Baghdad

Prepared by
RTI International
3040 Cornwallis Road
Post Office Box 12194
Research Triangle Park, NC 27709-2194

For security reasons, all photographs used in the original version of the Final Report have been redacted for this version of the report.

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

December 2006

This publication was produced for review by the United States Agency for International Development. It was prepared by RTI International.

Table of Contents

	Page
List of Tables	iv
Abbreviations	v
Executive Summary	1
I. Introduction	1
II. Implementation of Project Activities	2
A. Task 1: Finalize Training Curricula	2
B. Task 2: Training Implementation	5
C. Task 3: Ensure Training Implementation, Monitoring, and Evaluation.....	12
D. Task 4: Develop In-Service Training Program to Improve Center Effectiveness	18
E. Task 5: Maintain Training Outputs and Outcomes.....	21
F. Task 1 Optional Activity (OA): Develop and Operationalize a Primary Health Care Strategic and Staffing Framework to Facilitate Achievement of Ministry of Health Program Goals and Objectives.....	25
G. Task 2 Optional Activity (OA): Estimating Resource Needs for Primary Health Care	35
H. Task 3 Optional Activity (OA): Strengthen PHC Programs	36
I. Task 4 Optional Activity (OA): Strategic Support for Primary Health Care	40
J. Task 5 Optional Activity (OA): Primary Health Care (PHC) Management and Leadership Development.....	43
K. Task 6 Optional Activity (OA): Building Primary Health Care (PHC) Partnerships	43
L. Task 7 Optional Activity (OA): Responding to MOH Emerging Needs	43
M. Additional Project Activities	43
III. Discussion of Lessons Learned	45
A. Security	45
B. Staff	47
C. Project Concept and Design	47
D. Project Operations.....	48
E. Training and Capacity Building	50
F. Project Outcomes and Indicators.....	51
Appendix A: Benchmarks	A-1
Appendix B: TMPP M&E Indicator Tables	B-1
Appendix C: Training and Capacity Building Reports	C-1

List of Tables

Table 1.	Training Modules and Curricula Developed by the TMPP Project (Subtasks 1.1, 1.2, 1.3) by Language	4
Table 2.	Number and Distribution of Refresher TOT participants	6
Table 3.	Number and Distribution of Refresher TOT Participants in IMCI.....	7
Table 4.	Number and Distribution of Team-Building and Problem-Solving Provider Participants	8
Table 5.	Number and Distribution of Team-Building and Problem-Solving TOT Participants	9
Table 6.	Number and Distribution of Basic TOT Participants	10
Table 7.	Scope of Survey Follow-up	15
Table 8.	Survey Question: Was the training useful to you?.....	16
Table 9.	Survey Question: Was the training relevant to your current job	16
Table 10.	Survey Question: Does your facility have the equipment or supplies you need to use the knowledge, skills, or tools from this training?	17
Table 11.	Survey Question: Does the facility management or organizational structure provide support for using the knowledge, skills, and tools you learned from the training?	17
Table 12.	In-Service Curricula, Modules, and Protocols Developed or Adapted.....	19
Table 13.	Number and Distribution of PHCC Director Trainees	24
Table 14.	Participants in Operations and Maintenance Training.....	42

Abbreviations

AIDS	acquired immunodeficiency syndrome
AMPF	Moroccan Family Planning Association
ANC	antenatal care
AUB	American University of Beirut
BASICS III	Basic Support for Institutionalizing Child Survival
CMES	Continuing Medical Education System
COE	Centers of Excellence
CPR	cardiopulmonary resuscitation
CTO	Cognizant Technical Officer
DG	Director General
DTBPS	District Team Building and Problem Solving
EGYMEN	Mental Health Programme in Egypt
EHP	Essential Health Services Package
FHS	Faculty of Health Sciences
GIS	geographical information system
HERU	Health Education Resource Unit
HIS	Health Information System
HIV	human immunodeficiency virus
HMIS	Health Management Information System
ICRSS	Iraq Center for Research and Strategic Studies
IHDA	International Health and Development Associates
IMCI	Integrated Management of Childhood Illness
JHU/CCP	Johns Hopkins University/Center for Communication Program
M&E	monitoring and evaluation
MDG	Millennium Development Goal
MOH	Ministry of Health
MSH	Management Sciences for Health
NGO	nongovernmental organization
NHA	National Health Account
OA	Optional Activity

OPALS	Pan-African Organization for HIV/AIDS
ORT	oral rehydration therapy
OST	Observational Study Tour
PATIMS	Personnel and Training Information Management System
PHC	Primary Health Care
PHCC	Primary Health Care Center
PHCCOE	Primary Health Care Centers of Excellence
PSD	personal security detail
QA	quality assurance
QOC	quality of care
RTI	Research Triangle Institute
SOW	scope of work
STI	sexually transmitted infection
STTA	short-term technical assistance
TMPP	Training Model Primary Provider
TO	Task Order
TOT	training of trainers
USAID	United States Agency for International Development
VLDP	Virtual Leadership Development Program
WHO	World Health Organization

Executive Summary

The United States Agency for International Development (USAID) contracted RTI International,¹ in partnership with IntraHealth International (IntraHealth) and International Health and Development Associates (IHDA), to implement the Training Model Primary Provider (TMPP) Project throughout Iraq in collaboration with the Iraqi Ministry of Health (MOH). The TMPP Project tasks involved supporting the MOH in training staff for proposed model Primary Health Care Centers (PHCCs) that were then under construction around the country. The TMPP Project's support of the MOH's efforts was initially to be provided through completion of five main tasks:

1. Finalizing training curricula
2. Implementing training
3. Ensuring training implementation, as well as monitoring and evaluation (M&E)
4. Developing an in-service training program to improve PHCC effectiveness
5. Maintaining training outputs and outcomes.

In August 2005, seven additional tasks were added to the original five:

1. Developing and operationalizing a primary health care (PHC) strategic and staffing framework to facilitate achievement of MOH program goals and objectives
2. Estimating resource needs for PHC
3. Strengthening PHC programs
4. Providing strategic support for PHC
5. Providing PHC management and leadership development
6. Building PHC partnerships
7. Responding to MOH emerging needs.

As the TMPP Project's counterpart, the Iraqi MOH worked closely with the project staff on all aspects of the above-mentioned tasks. The project's Training and Capacity-Building Teams served as advisors to the MOH for many activities, working directly with MOH staff, Iraqi PHC providers, and other personnel that were to be assigned to the new PHCCs.

Major achievements of the TMPP Project during its 19-month life, including no-cost extension periods, are as follows:

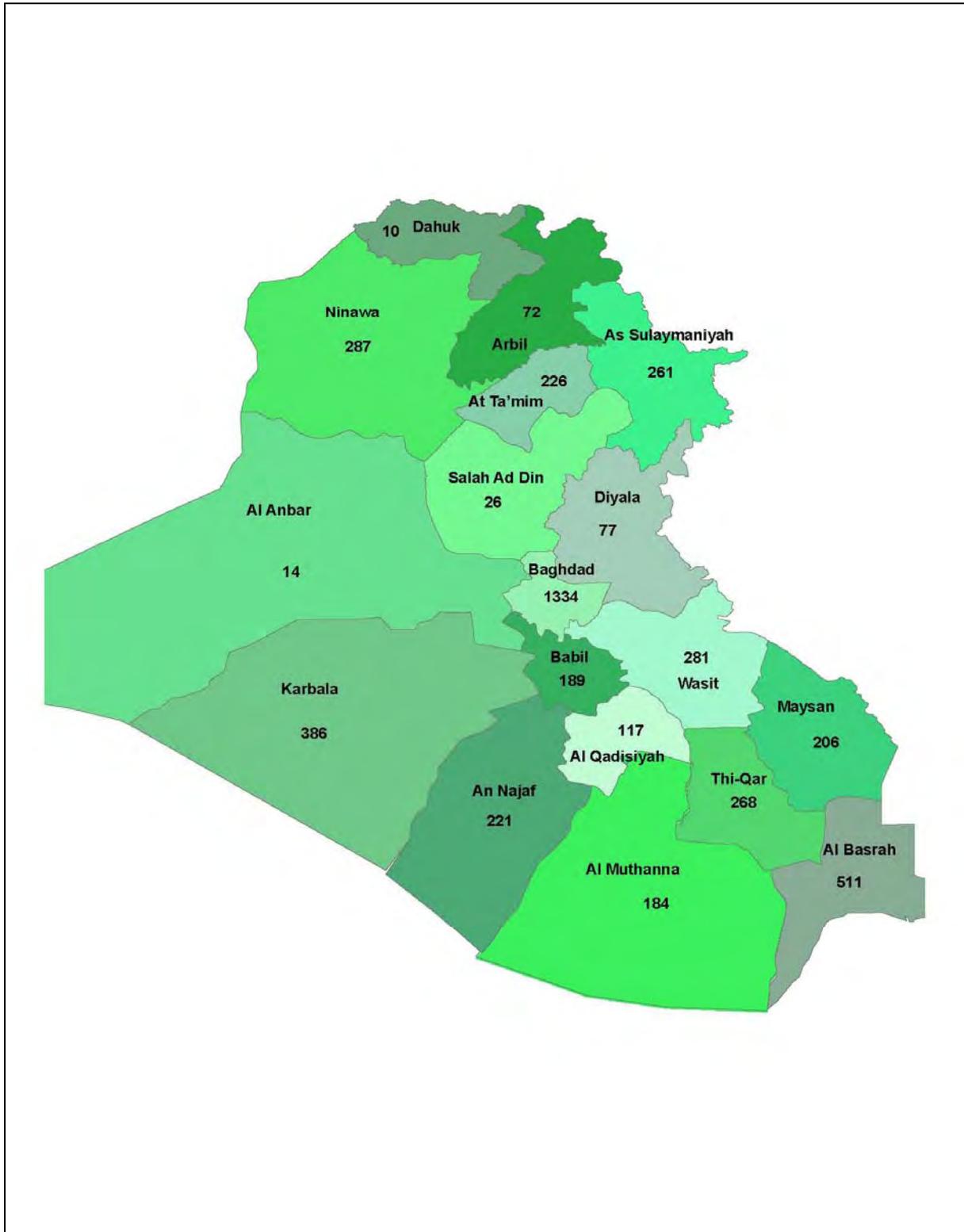
- Sponsored and supported 168 training and capacity-building workshops, with a total of 1,120 participants
- Trained 3,550 participants through TMPP- and MOH-led cascade training for PHC service providers

¹ RTI International is a trade name of Research Triangle Institute.

- Trained 55 facilitators in training skills and training management
- Trained 91 PHCC Directors from 15 governorates in management and administration skills
- Trained 123 MOH engineers and technicians in PHC operations and planned maintenance
- Delivered more than US\$1 million in equipment, materials, and supplies to the MOH for support of continuing training, management improvement, and PHC services expansion
- Developed 9 essential PHC training curricula and modules
- Developed 6 new essential PHC protocols and adapted 4 from other sources
- Finalized a PHC strategy with the MOH through a partnership with the World Health Organization (WHO)
- Expanded the MOH's capacity to plan, manage, and coordinate resources for PHC
- Expanded the MOH's capacity to implement high-quality PHC service-delivery training
- Introduced MOH decision makers and staff to a "culture of quality" and motivated them to adopt and implement such a culture
- Improved management, administrative, and communication skills and competencies of PHCC Directors
- Established a good working relationship with the MOH, which was instrumental in helping to institute a "problem-solving" culture at this ministry
- Exposed MOH decision makers and PHC staff to international "best practices" and current PHC approaches such as
 - developing PHC-specific curricula and service-delivery protocols
 - improving quality of care by improving performance
 - managing training and strategic planning
 - conducting study tours
 - developing relationships with funding agencies
- Helped launch and facilitate MOH internal discussions of policy and the political commitment necessary to advance PHC in modern Iraq, specifically in terms of decentralization, community mobilization, and financing.

Despite the deterioration of the security situation in Iraq and other challenges, the TMPP Project and the MOH worked together with USAID to adapt work plans to relieve restraints and to achieve constructive and feasible goals, adjusted to changing conditions. Flexible and creative responses by implementers and stakeholders enabled the TMPP Project to accomplish its goals. Significant numbers of PHC personnel in Iraq received valuable training and capacity-building skills, and sustainable new institutional capabilities and systems were introduced, accomplishing the project's main tasks for Iraq.

TMPP Project Training Participants by Governorate



I. Introduction

On April 28, 2005, USAID contracted RTI and its partners, IntraHealth and IHDA, to implement the TMPP Project. The project primarily focused on working with the MOH to develop trained staff and related systems to support improved quality-of-care (QOC) in services to be provided in 142 planned model PHCCs throughout Iraq.

The project was designed to complete five principal tasks: (1) finalize training curricula; (2) implement training; (3) ensure training implementation, as well as monitoring and evaluation (M&E); (4) develop an in-service training program to continually improve PHCC effectiveness; and (5) maintain training outputs and outcomes. New tasks were added to the TMPP Task Order (TO) Statement of Work effective August 2005: (1) develop and operationalize a PHC strategic and staffing framework to facilitate achievement of MOH program goals and objectives, (2) estimate resource needs for PHC, (3) strengthen PHC programs, (4) provide strategic support for PHC, (5) provide PHC management and leadership development, (6) build PHC partnerships, and (7) respond to MOH emerging needs.

The initial TMPP team deployed to Iraq in the beginning of May 2005. Project staff was supported by a contracted personal security detail (PSD). Local nationals were hired to serve on both the project team and in security roles. Additional long-term and local staff were recruited and deployed after August 2005 for the newly added tasks. Long-term project staff were periodically supplemented by short-term technical assistance (STTA) experts for the duration of the project. Expatriate members of the TMPP team and the PSD were housed at the same location in Baghdad, and all project staff and STTAs initially worked in offices in a renovated private home nearby. In February 2006, an additional office was opened to house staff overflow. A Training Team and a Capacity-Building Team provided most of the direct assistance. Both teams worked directly with MOH staff, with Iraqi PHC providers, and with other personnel who were to be assigned to the new PHCCs.

The Iraqi MOH was the TMPP Project's counterpart and worked closely with project staff in all activity areas. TMPP Project staff served as advisors to the MOH on a variety of tasks related to the ministry's role in planning and administering PHC service delivery in Iraq.

PHCCs are an integral part of Iraq's national health care system. These centers provide services in the closest possible proximity to the client, ideally with the active involvement of community groups. PHCCs provide a wide range of preventive care services, such as vaccination and prenatal care, as well as some curative care services. In 2004, an assessment conducted for USAID of the 1,718 public sector PHCCs in Iraq indicated that the population perceived the quality of care to be low and some essential PHC services to be unavailable. The 2004 assessment highlighted the need to improve the standards of care provided by PHCCs by constructing model PHCCs and training Centers of Excellence (COEs). The model PHCC construction was funded through a separate USAID contract, and the original tasks under the TMPP contract included providing the curricula and training programs for staff of the new

PHCCs; tasks were added later that targeted strategies and support systems for the PHC training program of the MOH and the national PHCC and COE network.

The TMPP Project and the MOH worked together with USAID to adapt work plans to relieve restraints and achieve constructive and feasible goals, adjusted to changing conditions. These changing conditions included the failure to complete the construction of the PHCCs by the contractor responsible for that task and the deterioration of the security situation in Iraq. Despite these and other challenges, flexible and creative responses by implementers and stakeholders enabled the TMPP Project to accomplish its goals: significant numbers of Iraqi PHC personnel received valuable training and capacity-building assistance and new institutional capabilities and systems were introduced.

Section II of this document reports the activities of the TMPP Project, and Section III includes a concluding review and discussion of the achievements, challenges, and resolutions of TMPP.

II. Implementation of Project Activities

A. Task 1: Finalize Training Curricula

Subtask 1.1. Finalize and enhance selected training curricula for physicians and center directors

Subtask 1.2: Test and update the curricula

Subtask 1.3: Finalize and enhance selected training curricula for nurses and medical assistants

The TMPP Project was tasked with developing training curricula to be used by MOH trainers in cascade training² to update the knowledge and skills of service providers in model PHCCs. TMPP staff worked collaboratively with MOH training participants to institute a culture of quality. TMPP-developed curricula focused on strengthening knowledge and skills in PHC, initially including Integrated Management of Childhood Illness (IMCI) for physicians (Subtask 1.1) and IMCI for nurses and medical assistants (Subtask 1.3). Also included was a curriculum designed to improve the ability of PHCC staff to work as a team in the planned model PHCCs (Team-Building and Problem-Solving curriculum, Subtask 1.4).

² The cascade training program began with training a core of PHC providers. Using criteria developed with the MOH, TMPP selected some of those providers to train as trainers, who are training other providers. From those trainers, TMPP selected ones to be trained as facilitators skilled in training and in managing and monitoring training. Simultaneously, MOH working groups were developing curricula and other tools. Some working group members also became facilitators and “master trainers.” (See Section II, M. Additional Project Activities, Ministry of Health Steering Committee and Scientific Working Groups.)

TRAINING CURRICULA, PROTOCOLS TO STRENGTHEN IRAQI PRIMARY CARE

Date: June 22, 2006

New materials increase training capacity for the Ministry of Health

New primary health care (PHC) training materials and protocols, developed by the Ministry of Health (MOH) and TMPP Project staff, serve as valuable assets to the 142 Primary Health Care Centers (PHCCs) in improving primary health care (PHC) across Iraq.

TMPP Project staff worked closely with panels of Iraqi physicians and nurses to produce the new materials, which include the following training curricula:

- integrated management of childhood illness (IMCI) for nurses,
- management training for PHCC directors,
- team building,
- service delivery,
- comprehensive infection prevention and control,
- management of hypertension, and
- management of diabetes mellitus.

A curriculum on selected aspects of women's health was submitted for MOH review at the end of July. The ministry also finalized an update of its earlier curriculum on IMCI for physicians, which is being used in PHC training.

In addition to developing new training curricula, TMPP Project staff and the MOH worked together to create protocols for infection prevention and control, hypertension management, and diabetes mellitus management.

The new PHC training materials and protocols have been an important contribution to the enhancement of PHC in Iraq. While other training curricula and protocols for primary care training already exist, the ones developed by TMPP Project staff and the MOH are unique in that they take into consideration social and cultural aspects of delivering primary care in the Iraqi context. The changing nature of health care in Iraq—moving from a highly centralized system to a decentralized system with a PHC focus, along with the MOH's desire to standardize health-care services at PHCCs—makes the new, customized training curricula and protocols extremely valuable.

Lessons learned from the materials-development process will prove useful to the MOH when it begins working independently to generate additional training curricula and protocols.

The content for the physicians' and the nurses' and medical assistants' curricula was based on training needs identified jointly by the MOH and the TMPP Project. It was developed collaboratively to ensure that the training addressed the MOH's health priorities. Three new modules were developed for these curricula:

1. Selected Practices in Infection Prevention and Control
2. Interpersonal Communication to Improve the Quality of Information, Education, and Counseling
3. Referral and Follow-up Process.

In addition, the project drew upon the WHO's IMCI curriculum for physicians and the IMCI curriculum for nurses (developed in Egypt) to train service providers and facilitators. This process enabled the development, in partnership with the Iraqi IMCI facilitators, of an Arabic version of the curriculum that was adapted for the Iraqi setting to train nurses and medical assistants. The TMPP Project provided technical and financial support to test, finalize, and implement that curriculum.

After multiple rounds of testing and revision (Subtask 1.2) with the appropriate MOH staff, the finalized curricula were delivered in English and Arabic to the MOH and USAID in May 2006, for subsequent use by the MOH in cascade training. Kurdish translations were submitted to the MOH in June and October 2006 for review by Kurdish health authorities.

Table 1. Training Modules and Curricula Developed by the TMPP Project (Subtasks 1.1, 1.2, 1.3) by Language

Curricula and Training Modules	English	Arabic	Kurdish
Core Service Delivery for Physicians and Center Directors, including Selected Topics in Infection Prevention and Control, Interpersonal Communication, and Referral and Follow-up Practices	X		X
Core Service Delivery for Nurses/Medical Assistants, including Selected Topics in Infection Prevention and Control, Interpersonal Communication, and Referral and Follow-up Practices		X	
Team-Building and Problem-Solving	X	X	X

Note: The indicated curricula and modules have been drafted in Kurdish and delivered to the MOH for review by Kurdish health authorities.

Subtask 1.4: Adapt curriculum for team-building and problem-solving training for health center staff

Following the model of the service-delivery curriculum development process, a Team-Building and Problem-Solving Working Group was formed to review and finalize the existing MOH District Team-Building and Problem-Solving (DTBPS) guidelines. With STTA, TMPP held a workshop in September 2005 to develop a Team-Building and Problem-Solving curriculum based on the DTBPS guidelines for use in the cascade training of staff of the planned model PHCCs. The workshop was designed to provide team-building and problem-solving practice opportunities for physicians and nurses through case studies. The workshop was attended by 11 participants from the PHCCs, the Health Directorates, the Primary Health Care Department, and the Training Health Center at the MOH.

During the workshop, the health workers identified many of the problems typically encountered in their work at PHCCs. By the end of the workshop, a preliminary initial curriculum on problem solving and team building had been drafted using as a foundation the problem-solving cycle described in the development of the DTBPS guidelines. When the MOH shifted its priorities to focus on team building and the team approach to problems rather than on problem solving alone, the TMPP Training Team overhauled this draft in collaboration with a working group from the ministry. The revised draft curriculum was tested during PHCC team trainings in November 2005 with service providers and then tested and revised once more in March 2006. The final version of the curriculum was made available to the MOH in English and Arabic for cascade training that began in May 2006.

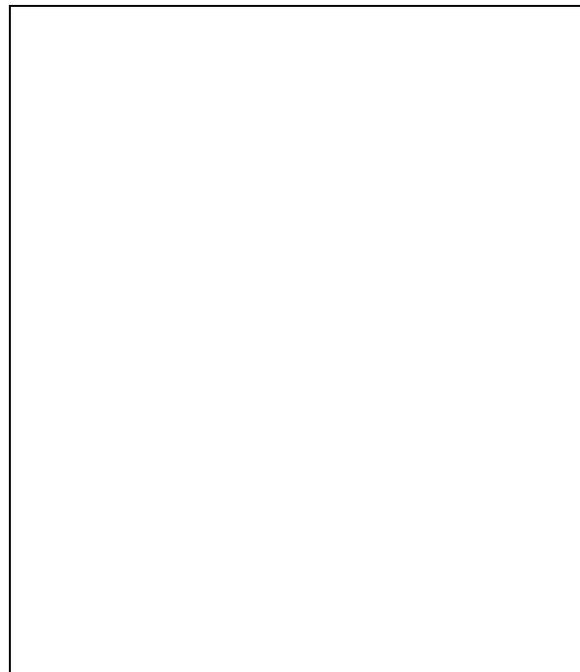
B. Task 2: Training Implementation

Subtask 2.1: Conduct refresher training of trainers (TOT) courses for experienced MOH trainers in preparation for cascade training

The Refresher TOT is a competency-based workshop designed to provide practice opportunities for physicians and nurses to experience a variety of different training approaches. TMPP's approaches included on-the-job training, coaching, and training demonstrations, using the IMCI curriculum and the three modules developed for PHC.

Participants in the Refresher TOTs were selected based on criteria determined jointly by the MOH and the TMPP Training Team. Priority was given to participants who had successfully completed the basic TOT, had completed the service providers' core training, or had practical experience in training or in the technical content area. Gender and geographical distribution were also used as selection criteria whenever possible and practical. A series of refresher TOTs was conducted to upgrade participants' skills and knowledge in training methodology and in the specialized health content of the project's cascade training curricula.

In September 2005, the first two Refresher TOTs were held at the TMPP offices for a group of 40 participants (20 physicians and 20 nurses) from the Iraqi MOH. Subsequent Refresher TOTs were conducted in Baghdad and in Amman, Jordan, for a total of 200 participants. Table 2, below, shows the distribution of the training participants.



*TOT coaching practice.
(Photograph redacted for security reasons.)*

Table 2. Number and Distribution of Refresher TOT participants

Refresher TOT in Service Delivery for Nurses			
Governorate	Male	Female	Total
Al Anbar	4	0	4
Babil	9	3	12
Baghdad	12	6	18
Al Basrah	2	0	2
Diyala	5	3	8
Dahuk	0	1	1
Arbil	0	1	1
Karbala	8	3	11
Maysan	3	0	3
Al Muthanna	4	0	4
Ninawa	7	1	8
Al Qadisiyah	2	0	2
Salah Ad Din	4	0	4
As Sulaymaniyah	1	4	5
At Ta'mim	6	2	8
Thi-Qar	2	0	2
Sum	69	24	93

Refresher TOT in Service Delivery for Physicians			
Governorate	Male	Female	Total
Al Anbar	3	0	3
Baghdad	12	12	24
Al Basrah	6	1	7
Diyala	3	0	3
Karbala	9	0	9
Maysan	4	0	4

Refresher TOT in Service Delivery for Physicians			
Governorate	Male	Female	Total
Al Muthanna	2	0	2
An Najaf	1	1	2
Ninawa	3	1	4
Al Qadisiyah	3	0	3
As Sulaymaniyah	2	0	2
At Ta'mim	1	2	3
Thi-Qar	2	0	2
Wasit	4	1	5
Sum	55	18	73

Table 3. Number and Distribution of Refresher TOT Participants in IMCI

TOT in IMCI for Nurses			
Governorate	Male	Female	Total
Baghdad	4	4	8
Diyala	4	2	6
An Najaf	3	0	3
Thi-Qar	3	2	5
Sum	14	8	22

TOT in IMCI for Physicians			
Governorate	Male	Female	Total
Baghdad	2	6	8
Diyala	6	1	7
An Najaf	1	1	2
Thi-Qar	4	0	4
Ninawa	0	1	1
Sum	13	9	22

Subtask 2.2: Implement team-building training to build health center staff as a team and strengthen health center team problem-solving skills

Using curricula developed in partnership with the MOH under Task 1.4, TMPP Project staff conducted two Team-Building and Problem-Solving training courses in November 2005 and March 2006. These trainings were an essential first stage of the cascade training process for two reasons. First, it allowed the project to test the format and content of the curriculum and make modifications to improve the curriculum's quality before it was employed in cascade training throughout Iraq. Second, the training allowed the project to begin creating a core of highly trained facilitators, master trainers who would be able to assist in future TOTs and cascade trainings. A total of 1,131 providers (see Table 4) were trained, along with eight facilitators/master trainers.

Table 4. Number and Distribution of Team-Building and Problem-Solving Provider Participants

Team-Building and Problem-Solving for PHCC Teams			
Governorate	Male	Female	Total
Baghdad	214	182	396
Al Basrah	69	22	91
Karbala	26	8	34
Maysan	59	11	70
Al Muthanna	57	11	68
An Najaf	55	8	63
Ninawa	73	17	90
Al Qadisiyah	21	9	30
As Sulaymaniyah	21	14	35
At Ta'mim	57	33	90
Thi-Qar	82	20	102
Wasit	42	20	62
Total	776	355	1131

While the original contract envisioned that the TMPP Project would conduct all Team-Building and Problem-Solving training in its training facility in Baghdad, USAID and project leadership agreed that evolving security and logistical concerns made that idea impractical. Therefore, the MOH and the project later agreed to move

remaining training activities to Amman, Jordan. A total of 101 MOH trainers completed Team-Building and Problem-Solving training TOTs.

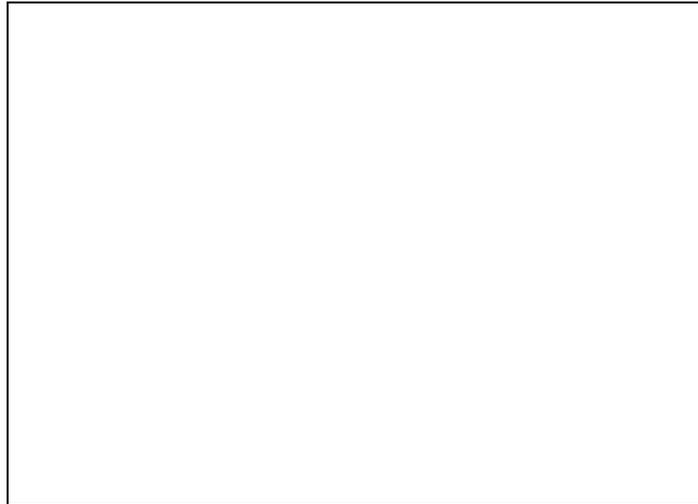
Table 5. Number and Distribution of Team-Building and Problem-Solving TOT Participants

Team-Building and Problem-Solving TOT			
Governorate	Male	Female	Total
Al Anbar	7	0	7
Baghdad	18	15	33
Al Basrah	3	2	5
Diyala	11	4	15
An Najaf	6	2	8
Ninawa	5	2	7
Salah Ad Din	5	0	5
At Ta'mim	4	4	8
Thi-Qar	6	1	7
Wasit	4	2	6
Sum	69	32	101

Subtask 2.3: Conduct training skills TOT for new MOH trainers

When USAID initially conceived the TMPP Project, the MOH was thought to have a substantial cadre of experienced trainers, distributed throughout the country, who would be able to conduct cascade training with the support of refresher trainings in priority PHC topics (Task 2.1). When the project staff conducted more detailed assessments of MOH training capacity, however, they discovered that the MOH's training staff had been depleted. As a result, USAID, the TMPP Project, and the MOH agreed to delay the refresher TOTs and focus more initial energy on producing a new cadre of trainers from the ranks of the remaining trainers, plus motivated service providers who could serve for the period of cascade training.

Beginning in July 2005, the TMPP Project conducted a series of six Basic TOTs. These TOTs were designed to prepare both new and experienced trainers in the fundamentals of participatory training techniques. They were conducted by IHDA in partnership with the TMPP Training Team. A total of 46 nurses and 85 physicians attended these trainings, representing all governorates except Al Anbar (see Table 6).



Graduation photo, TOT graduates with trainer and TMPP staff.
(*Photograph redacted for security reasons.*)

Table 6. Number and Distribution of Basic TOT Participants

Basic TOT for Nurses			
Governorate	Male	Female	Total
Babil	2	2	4
Baghdad	11	6	17
Al Basrah	1	0	1
Diyala	2	0	2
Dahuk	1	2	3
Arbil	1	2	3
Karbala	3	0	3
Al Muthanna	2	1	3
An Najaf	1	0	1
Ninawa	1	0	1
Al Qadisiyah	1	0	1
Salah Ad Din	1	0	1
As Sulaymaniyah	0	1	1
At Ta'mim	2	0	2

Basic TOT for Nurses			
Governorate	Male	Female	Total
Thi-Qar	2	0	2
Wasit	1	0	1
Sum	32	14	46

Basic TOT for Physicians			
Governorate	Male	Female	Total
Babil	6	1	7
Baghdad	15	18	33
Al Basrah	4	1	5
Diyala	2	3	5
Karbala	3	1	4
Maysan	6	0	6
Al Muthanna	2	0	2
An Najaf	4	1	5
Ninawa	1	1	2
Al Qadisiyah	1	0	1
Salah Ad Din	2	0	2
At Ta'mim	3	1	4
Thi-Qar	4	1	5
Wasit	3	1	4
Sum	56	29	85

The Basic TOTs used participatory and hands-on training methodologies. Participants were given substantial opportunities for practical application of the new training knowledge and skills through exercises, role play and case studies. Mini-lectures explained training concepts and the principles of adult learning. Focused primarily on trainers conducting effective training sessions, the curriculum included substantial training on such clinical topics as hypertension, breast lumps, and cardiopulmonary resuscitation (CPR). The Basic TOT training included the following modules:

- Needs Assessment
- Writing Goals and Objectives
- Adult Learning Principles
- Teaching Methods
- Using Visuals in Training
- Writing a Syllabus
- Training Evaluation

The practical part of the training focused on lesson plan development and a micro-teaching session on a selected topic by each participant.

Beginning in late May 2006, the MOH initiated cascade training in PHC Core Service Delivery for Physicians, PHC Core Service Delivery for Nurses and Medical Assistants, and Team-Building and Problem-Solving. By the end of the project, cascade training had reached 3,550 providers. More detail on cascade training is presented under tasks 3.1 and 3.3.

C. Task 3: Ensure Training Implementation, Monitoring, and Evaluation

Subtask 3.1: Design a plan and timeline for cascade training to be conducted by the MOH

An innovative training strategy was required to quickly and efficiently train the approximately 4,000 service providers who were originally deemed necessary to staff the planned model PHCCs. TMPP Project staff worked closely with the MOH to design a cascade training plan. This plan focused on developing a cadre of MOH facilitators or trainers who could train both service providers and

additional trainers and also manage and support training activities. The facilitators are highly skilled MOH trainers who had been trained in Refresher TOTs and participated in workshops as “facilitators-in-training” under the supervision of the TMPP Training

CASCADE TRAINING HAS POSITIVE EFFECTS

Date: June 18, 2006

Medical professionals are prepared to pass on new knowledge

In addition to helping physicians, nurses, and medical assistants update their knowledge about the latest medical techniques and skills, cascade training includes participatory components that teach medical staff how to pass on new knowledge to colleagues and other staff. In a collaborative effort between the TMPP Project and the Ministry of Health (MOH), cascade training programs have been implemented to prepare medical professionals who will work in Iraq's 142 Primary Health Care Centers (PHCCs).

With the assistance and support of TMPP staff, working groups of medical professionals from the MOH developed, adapted, reviewed, and updated training curricula specifically designed for Iraqi health professionals. The working groups helped test the curricula during training courses conducted by TMPP staff, and workshop participants in the initial training sessions were surveyed to help refine the curriculum used in subsequent trainings conducted by the MOH.

One hundred thirty-four cascade training workshops were completed, with more than 3,550 participants. Topics covered in the trainings included interpersonal communication in information, education and counseling, selected practices in infection prevention and control, referral and follow-up process, and team building and problem solving. The sessions also provided participants with opportunities to meet and collaborate with colleagues while increasing their general knowledge about PHCCs, as well as acquiring skills useful outside of the health-care setting, such as preparing and making presentations.

Participants of the training workshops and members of the working groups alike are enthusiastic about the training curricula's potential for improving health care in Iraq.

Team to refine their skills in training and the management of training. They went on to co-facilitate initial rounds of cascade training with trainers who had received the Basic TOT. On the basis of their work with the facilitators, trainers who had completed the Basic TOT were graduated as facilitators and were able to conduct subsequent rounds of cascade training on their own. The project was thus able to rapidly expand the number and geographic distribution of skilled and experienced trainers.

Training was provided for 55 training facilitators who are qualified in IMCI, in Core Service Delivery Skills, in Team-Building and Problem-Solving, and in PHCC management and administration. These facilitators are continuing to prepare additional trainers, and they are fully qualified to manage, supervise, support and monitor on-going MOH training activities.

A first draft of the cascade training plan was developed in November 2005. This plan was tailored to match the delivery dates of the model PHCCs, which ultimately were delayed. Beginning in May 2006, the MOH began implementing cascade training with technical and financial support from the TMPP Project.

The cascade approach was thoroughly tested by TMPP training of

- 17 physicians in core service delivery,
- 19 nurses in core service delivery,
- 20 PHCC staff in team building and problem solving, and

MOH training of

- 41 nurses in IMCI, and
- 24 physicians in IMCI.

These service providers were participants in the initial round of cascade training.

By the end of the project, the MOH had implemented 134 cascade training courses in 14 governorates: Arbil, Babil, Baghdad, Al Basrah, Karbala, Maysan, Al Muthanna, An Najaf, Thi-Qar, Ninawa, Al Qadisiyah, As Sulaymaniyah, At Ta'mim and Wasit.



Three Arabic-language newspapers (see above) and several Iraqi TV channels (Aliraqia, Sumeria, and Alforat) reported on the successful TMPP cascade training held in Karbala.

The total number of cascade trainees during the life of the TMPP Project reached 3,550. Implementation of cascade training by the MOH in a majority of Iraq's governorates demonstrated the MOH's capacity and commitment to continue cascade training implementation. Using the training strategy as planned, the MOH will have the capability to train all of the required PHCC staff by December 2007.

Subtask 3.2: Develop an M&E system for the MOH cascade training programs

An M&E system for the cascade training plan was finalized and tested in collaboration with the MOH, TMPP staff, and the Iraq Center for Research and Strategic Studies (ICRSS). This system has five related components: (1) the Personnel and Training Information Management System (PATIMS), (2) a training skills checklist, (3) an observation instrument, (4) an interview instrument, and (5) an end-of-training evaluation form.

The first component of the system is the PATIMS database. TMPP STTA began developing this system with a needs assessment in October 2005. After pilot testing and using the system for TMPP data needs, project staff worked with the MOH in May 2006 to identify, train, and support staff within the MOH's Human Resource Development Training Center to transfer this database to the ministry for use in tracking progress against the training targets developed in the cascade training plan. The targets include the total number of trainees and their distribution by gender, cadre, type of training, and geographic location.

The second component of the system monitors the performance of trainers as they conduct the training courses. TMPP staff and the MOH developed a training skills checklist to be used by trained MOH supervisors during training sessions. The data collected through this checklist allows MOH supervisors to improve trainer performance by immediately identifying areas of strength and weakness in trainer performance and providing supportive feedback that will improve how the training is conducted. This instrument can also be used by the MOH to identify overall needs for improvement among trainers, useful in identifying training needs of trainers and in planning training skills updates and upgrades.

The third component of the cascade training M&E system is an M&E observation instrument, developed by TMPP Project staff and STTA, that focuses on evaluating the quality of the training program. This instrument has been designed to be used by nontrainer observers. It supports information collection that is useful in evaluating whether or not the training system is identifying appropriate trainees for certain curricula as well as providing data for other broad questions that may improve approaches and components of the MOH PHC training program. Items on the M&E observation instrument are intended to be straightforward, easily observable, and highly reliable (nonsubjective). This instrument was tested by trainer data collectors in a sample of training sessions during the cascade training.

The fourth component of the M&E system for cascade training consists of an interview instrument for trainees. Developed by TMPP staff and STTA, this instrument assesses trainees' retrospective perceptions of the utility and effectiveness of the training content and approach. Trained MOH staff are asked about their

experiences in implementing what they have learned during training. The instrument was piloted with samples of trainees who had attended different TMPP-supported training courses. This component of the M&E system collects information, for instance, about whether or not knowledge, skills, and tools acquired during the training are supported after participants return to their worksites.

The fifth component of the M&E system is an end-of-training evaluation form, completed by training participants at the end of each training. This form provides immediate feedback to the trainer, the TMPP Project, and the MOH on trainees' perceptions of the quality and utility of the training content and methods.

Data from the five components combine to produce an overall picture of the quality of MOH cascade training that informed the development of the medium-term training plan and strategy. All five have been provided to the MOH for ongoing use in the M&E of their PHC training program. A workshop was held in July 2006 for TMPP Project staff, ICRSS, and the MOH to review the results and discuss the design of a final M&E system for use in assessing the results of the MOH PHC training program.

Preliminary findings from Data Collection

As part of project monitoring activities, 39 interviews were conducted with participants in TMPP-sponsored training and 7 observations of cascade training were conducted by MOH trainers (see Table 7 below).

Table 7. Scope of Survey Follow-up

Training Curriculum	Number
Core Service Delivery/IMCI	13 participants
Team-Building and Problem-Solving	3 participants
Basic TOT	1 participant
Center Director	6 participants
Planned Maintenance	16 participants
Total	39 participants
Cascade Training	7 observations

Nearly all participants (95 percent) who were reached for survey follow-up reported that they found the training useful.

Table 8. Survey Question: Was the training useful to you?

Training	Yes	No	Total
Core Service Delivery/IMCI	13 (100%)		13
Team-Building and Problem-Solving	3 (100%)		3
Basic TOT	1 (100%)		1
Center Director	6 (100%)		6
Planned Maintenance	14 (88%)	2 (12%)	16
Total	37 (95%)	2 (5%)	39

A substantial majority of participants (87 percent) considered the training to be relevant to their current jobs. This finding is useful information because participants have not yet been deployed to the model PHCCs. It reinforces the immediate benefit of the TMPP Project and MOH curriculum development and training activities and should provide impetus for the MOH to continue cascade training after the TMPP Project has ended (see Table 9 below).

Table 9. Survey Question: Was the training relevant to your current job

Training	Yes	No	Total
CoreService Delivery/IMCI	13 (100%)		13
Team-Building and Problem-Solving	3 (100%)		3
Basic TOT	1 (100%)		1
Center Director	4 (67%)	2 (23%)	6
Planned Maintenance	13 (82%)	3 (18%)	16
Total	34 (88%)	5 (12%)	39

However, at follow-up ,77 percent of the participants who had received Core Service Delivery/IMCI training and 75 percent of the Planned Maintenance trainees reported that they did not have the equipment or supplies needed to use the knowledge, skills, or tools from that training (69 percent overall). (See Table 10 below.)

Table 10. Survey Question: Does your facility have the equipment or supplies you need to use the knowledge, skills, or tools from this training?

Training	Yes	No	Total
Core Service Delivery/IMCI	3 (23%)	10 (77%)	13
Team-Building and Problem-Solving	2 (67%)	1 (33%)	3
Basic TOT	1 (100%)	0	1
Center Director	2 (34%)	4 (67%)	6
Planned Maintenance	4 (25%)	12 (75%)	16
Total	12 (31%)	27 (69%)	39

At least 69 percent of the staff trained in Planned Maintenance and 53 percent of the staff trained in Core Service Delivery/IMCI reported that their facility management or organizational structure does not provide support for using the knowledge, skills, and tools learned from the training (51 percent overall). (See Table 11 below.)

Table 11. Survey Question: Does the facility management or organizational structure provide support for using the knowledge, skills, and tools you learned from the training?

Training	Yes	No	Total
Core Service Delivery/IMCI	6 (47%)	7 (53%)	13
Team-Building and Problem-Solving	3 (100%)	0	3
Basic TOT	1 (100%)	0	1
Center Director	4 (67%)	2 (34%)	6
Planned Maintenance	5 (32%)	11 (69%)	16
Total	19 (49%)	20 (51%)	39

Results from the data collection and project analysis show that most of the MOH trainers are delivering training according to the training techniques promoted by the TMPP project. All trainers (100 percent) communicated their names clearly, asked participants to talk about their reasons for participating, and explained the training goals and schedule. Of the trainers, 86 percent solicited feedback on training goals, topics, and schedule and asked participants to share their backgrounds. Participants

were asked to introduce themselves, and 71 percent of the trainers asked about participants' goals for and expectations from the training.

In terms of facilitation or clarifying skills, 100 percent of the trainers identified the topic before starting and summarized afterwards, solicited group feedback, and took time to respond positively to uncertainty or other feedback. Of the trainers, 86 percent occasionally solicited individual feedback to ensure that participants understood the material and that all participants could see the presentation. Active participation was sought by 100 percent of the trainers who used participant names, regularly scanned the room for nonverbal feedback, paused for verbal feedback, and provided positive feedback to participant comments.

All trainers had prepared a session plan, visually verified by the data collector. All had access to the training site and reported that they had checked the site before the session. To understand the value of the cascade training, it is important to note that 100 percent of the trainers said the session plan or content of the training materials matched participant backgrounds and expectations.

A few training and evaluation processes were identified that some could consider as weaknesses. Of the trainers, 86 percent clearly identified start and end times for breaks, while 57 percent actually started and ended breaks on time. Twenty-nine percent of the trainers ended sessions on time. Respondents were asked by 57 percent of the trainers to evaluate the trainer's performance and to evaluate the session content.

Subtask 3.3: Support MOH implementation of cascade training

As the MOH-led cascade training began in May 2006, TMPP Project staff, including three new local hires, provided key technical assistance and both material and financial support to the training events. TMPP staff assisted in arranging the logistics of cascade training, including working with local counterparts to secure training venues, duplicating training curricula, and providing other support as needed. The TMPP Project provided equipment and supplies for training that included flip chart stands and flip chart paper, markers, desktop photocopiers, overhead projectors, and spare overhead projector bulbs. The TMPP Project also provided financial support of participant travel costs, facilitators' honoraria, and expenses for breaks and lodging.

D. Task 4: Develop In-Service Training Program to Improve Center Effectiveness

Subtask 4.1: Develop in-service training modules

Working in collaboration with the MOH, the TMPP Project developed protocols and curricula for use in MOH in-service training at governorate-level MOH training sites. In addition to the in-service curricula developed under Task 1, the project developed protocols and curricula in Comprehensive Infection Prevention and Control, Management of Hypertension, and Diabetes Mellitus. Curricula in Selected Women's Health Issues and PHC Center Management were also developed.

Additionally, the project adapted protocols in Management of Normal Labor and Delivery, Newborn Care and Resuscitation, Postpartum Care, and Maternal and Child Nutrition to the Iraqi context. This draft set of protocols was delivered to the MOH for potential future use as reference documents in designing final protocols and training programs.

Table 12. In-Service Curricula, Modules, and Protocols Developed or Adapted

Topic	Protocol	Curriculum/Module
Comprehensive Infection Prevention and Control	X	X
Core Service Delivery for Nurses, including IMCI (in Arabic)	X	X
Management of Hypertension	X	X
Diabetes Mellitus	X	X
Selected Women's Reproductive Health Services	X	X
Management of Normal Labor and Delivery	X	
Newborn Care and Resuscitation	X	
Postpartum Care	X	
Maternal and Child Nutrition	X	
Management and Administration for PHCC Directors		X
Maintenance of Equipment and Infrastructure	X	

CMES

The MOH's Continuing Medical Education System (CMES), a Web-based learning resource for interactive learning, was developed to improve the MOH's ability to deliver high-quality in-service training. The original site design was developed in January 2006 through TMPP STTA. It was operationalized in June and July 2006 using in-country and off-site STTA to incorporate useful introductory materials, interactive content, and user-friendly educational content, including curricula in Arabic and English. At the same time, significant technical improvements to site design (e.g., index, library, meta tags) were integrated seamlessly into the Web site to enhance its structure and content. The site can be viewed at www.mohcmes.org.



CMES Web site

Interactive Patient Simulation

The TMPP Project Emergency Simulation training course used technical content in triage and trauma to teach the participants how to teach others in a TOT course. The TMPP Project coordinated with the MOH to identify 40 potential trainee candidates; by the end of the two 2-day courses, 31 participants, primarily MOH physicians, had completed the training. The MOH developed an action plan to enable trainers to have access to the course materials and computers. It is expected that the trained MOH staff will train others, specifically targeting ambulance drivers and attendants.



Interactive Patient Simulation
(Photograph redacted for security reasons.)

Twenty-two computers were purchased by TMPP for the course. All computers were loaded with RTI's new Sim-Patient™ Emergency Simulation software. An STTA medical consultant was identified and came to Baghdad to conduct the training, supported by two medical providers currently serving in the Baghdad International Zone.

The technical medical content of Sim-Patient uses the START and JumpStart (pediatric) triage decision-making trees, or algorithms, to give the participants a rapid and potentially life-saving model by which to identify casualty victims for appropriate treatment and care. Trauma content and simulated trauma patient decision making was also presented and practiced.

Course objectives included:

- To understand the principles of multiple-casualty triage
- To understand the functions of the Sim-Patient Virtual Trauma Simulation
- To gain competency in performing triage
- To understand how to use Sim-Patient for teaching triage and pre-hospital trauma care
- To gain experience delivering triage training using Sim-Patient.

SIM-PATIENT™ IMPROVES TRAUMA TRAINING

Thirty-one medical professionals participated in two training sessions using the Sim-Patient Virtual Trauma Simulation, a new computer-based simulation program for enhancing triage and pre-hospital trauma care, developed by RTI International. The 2-day sessions, which are expected to improve the emergency and triage skills of medical professionals across Iraq, also included presentations that teach participants how to train others in using the new system.

The emergency-simulation training uses computer-based slides, videos, and other multimedia to help participants improve triage skills by using text-based exercises, and practicing those skills in computer-based, three-dimensional interactive scenarios. Triage skills developed through the training will help medical professionals improve their responses in real-life situations that involve mass casualties.

The training of trainers component of the Sim-Patient program instructs participants on how to pass along new knowledge to medical staff such as physicians, nurses, medics, medical assistants, and ambulance drivers, who might be called upon to assist in triage during incidents producing large numbers of casualties. Additionally, the computer simulations provide a cost-effective method for conducting triage-training across the country.

Participants are enthusiastic about Sim-Patient and its potential for enhancing triage and trauma care and decreasing mortality rates in emergency situations in Iraq. The TMPP Project donated Sim-Patient software and 21 laptop computers used in the training sessions for future triage and trauma training by the Ministry of Health.

E. Task 5: Maintain Training Outputs and Outcomes

Subtask 5.1: Develop training centers of excellence at MOH

Of the 142 model PHCCs that were to be staffed by project trainees, 21 were intended to serve as Training Centers of Excellence (COEs). Although the size and structure of the facilities would be similar to that of other centers, the COEs were planned to serve as MOH training sites for conducting in-service and cascade training for the project and for future MOH training initiatives. By combining a training site with a clinical facility, clinical training could be conducted more efficiently and effectively using actual PHC clients.

Working in partnership with the MOH, TMPP Project staff developed standards and a scope of work (SOW) for the Training COEs. These standards emphasized the facilities' goal to offer the highest quality PHC services and to serve as models for staff that would be trained in these centers. Included with the standards and SOW were job descriptions for COE training staff and a list of required essential clinical and training equipment.

The TMPP Project purchased a substantial amount of equipment and supplies to support training at the COEs, including photocopiers, computers, and other items. In addition, the project provided an extensive resource library of medical and public health texts to be used by participants in COE programs. As it became clear that the COEs would not be completed by the end of the TMPP Project contract, a strategy shift was made by TMPP, USAID, and the MOH to focus training development and initiation of cascade training on selected existing governorate-level training centers, which proved to be a successful approach. Over US\$1 million in equipment, supplies, and materials was delivered to the central MOH in Baghdad for later distribution to those training sites.

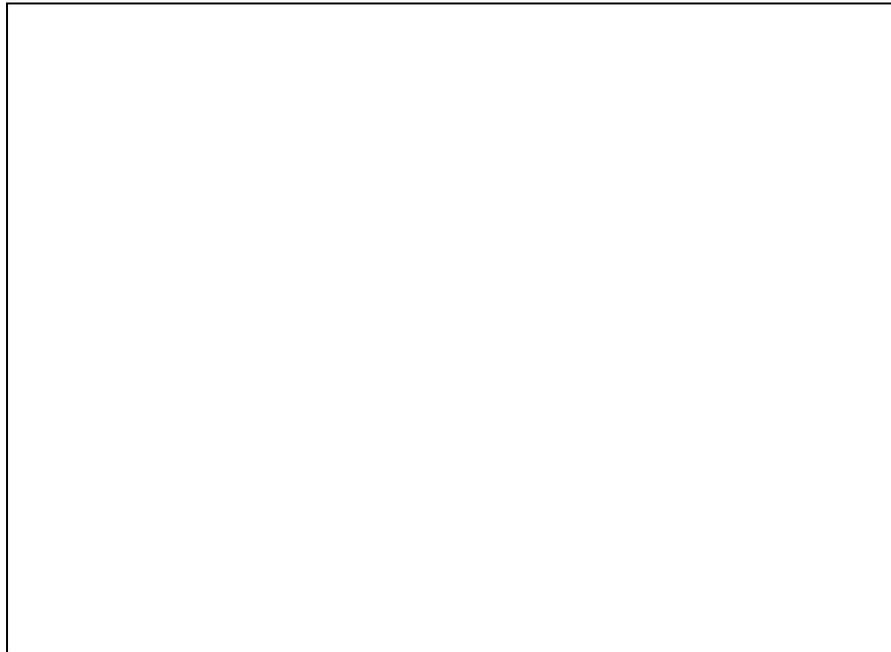
Subtask 5.2: Design management training program for center directors

The management and administration training program was designed to ensure that the PHCC Directors and management personnel at higher levels of the MOH had the essential concepts and skills required for the delivery of safe, effective, and humane PHC services. The TMPP staff and the MOH Management Working Group conducted an assessment of center directors' management training needs. Assessment instruments developed by TMPP staff were distributed to a sample of PHCC directors. The TMPP staff analyzed the returned data and identified an initial list of priority training needs that was discussed during a series of meetings with the Management Working Group. The group agreed on six highest priority areas for management improvement in the PHCCs and higher levels of the MOH as the basis for the training content and methodology. The six priority training areas are

1. planning,
2. management methods and strategies,
3. developing and coordinating community resources,
4. leadership,
5. effective supervision, and
6. evaluation.

A PHC management consultant worked with the TMPP staff and the MOH to design the management training curriculum and to conduct the workshops. The goal of the training was not only to strengthen the abilities of the directors and other trainees to use new and appropriate management methods and tools, but also to change their perceptions of their jobs and their responsibilities for planning, decision-making, and supervising PHC services. The curriculum, session plans, and workshop activities—including case study analyses, small group and plenary discussions, role play and mini-lectures—emphasized management improvement to increase operational and service-delivery performance and quality of care (QOC). Participants in each workshop reviewed the PHC policy and the priorities of the MOH, discussed the roles and responsibilities of the PHCC and the director, identified major challenges in the delivery of PHC services at the community level, and formulated “The Directors’ View of the Future,” a set of recommendations for changes and improvements that would expand the availability, accessibility, and utilization of PHC services.

Three trainings were held in Baghdad in January–March 2006. Three workshops were then conducted in Amman in April–June 2006 under the project’s overall strategy of conducting training outside of Iraq to improve attendance from all governorates. When USAID approved no-cost extensions of TMPP, management training was resumed at the TMPP training center in Baghdad. Over the life of the project, a total of 91 center directors and 48 members of district, sector, and central MOH PHC management teams from 15 governorates across Iraq successfully completed the training.



*Management training, November 2006.
(Photograph redacted for security reasons.)*

Table 13. Number and Distribution of PHCC Director Trainees

Management for Directors			
Governorate	Male	Female	Total
Al Anbar	1	0	1
Baghdad	32	8	40
Al Basrah	5	0	5
Diyala	0	3	3
Karbala	3	0	3
Maysan	4	1	5
An Najaf	2	1	3
Ninawa	3	0	3
Al Qadisiyah	2	0	2
Salah Ad Din	7	1	8
At Ta'mim	4	2	6
Thi-Qar	5	0	5
Wasit	5	2	7
Sum	73	18	91

Subtask 5.3: Develop a medium-term training strategy and plan

During the work on the PHC Strategy, the project received the MOH's Human Resource Development Strategy and Strategic Plan for 2005–2009. This plan, developed to support the MOH's priorities in PHC, includes a detailed exploration of PHC training and staffing needs. However, the plan does not include training in PHC or the curricula that were developed by the TMPP Project.

To address this specific deficit, the TMPP Project met with the MOH at the TMPP office to finalize a plan for continuing cascade training by the MOH after the end of the project. As part of TMPP activities (detailed under Section C, Subtask 3.3 above), project staff worked with the MOH to develop and support implementation of a cascade training plan. This plan was implemented from May to November of 2006, reaching 3550 providers in 16 governorates. To assist the MOH in future work to update the skills of PHC staff throughout Iraq, project staff and the MOH developed a detailed medium-term training plan using TMPP-developed PHC curricula. Built on the lessons learned from the initial rounds of cascade training, the plan called for employing the trainers who had been trained in the project's TOT sessions.

F. Task 1 Optional Activity (OA): Develop and Operationalize a Primary Health Care Strategic and Staffing Framework to Facilitate Achievement of Ministry of Health Program Goals and Objectives

Subtask 1.1: Develop and assist the MOH to operationalize a strategy and plan of action for primary health care implementation

TMPP Project capacity-building activities began in December 2005. TMPP staff convened a PHC Strategy Working Group with the goal of addressing the finalization and implementation of the MOH's PHC strategy. This working group included the heads of key departments: the Primary Health Care and Public Health Directorate and its Quality Assurance Section, the Planning and Policies Directorate, the Human Resource Development and Training Center, the Nursing Affairs Department, the Divan Directorate, and the Engineering Projects Directorate.

The TMPP Project and MOH held a series of meetings and workshops to review and revise the MOH's existing PHC strategy, which was developed in partnership with the WHO. Throughout these activities, project and MOH staff focused on continually defining and refining the concept of PHC in the Iraqi context, as well as strategy norms for an essential health services package. Additional perspective on the implementation of PHC in the context of decentralization was provided through an Observational Study Tour (OST) to Morocco in June 2006 (see further details under Optional Activity, Subtask 1.2).

PHC Strategy Retreat

The TMPP Project consulted closely with the MOH and the WHO to prepare a PHC Strategy Retreat, organized in collaboration with the WHO, in Amman, Jordan, from June 28 to July 3, 2006. The retreat offered MOH officials and staff and representative Iraqi faculty members a chance to discuss with WHO and TMPP advisors a number of issues related to Iraq's national PHC strategy.

The retreat was organized to meet the following objectives:

1. Explore the options for and implications of decentralization for the MOH.
2. Discuss various options for health care financing available under a decentralized system.
3. Distinguish between essential PHC and expanded PHC services in Iraq.
4. Explain the role of communities in supporting PHC services.
5. Discuss the implications of decentralization, community participation, and essential and expanded services for the Iraqi national health system.
6. Develop prioritized recommendations regarding decentralization, financial options, community participation, and an essential PHC package in Iraq.

Retreat participants quickly agreed that the shortage of current data on the health care situation in Iraq makes it difficult to develop a comprehensive PHC strategy, and that additional data should be sought, especially in the areas of health care finance and the identification of indigents needing care. Two proposed surveys—the Iraq Family Health Survey and the Mental Health Survey—to be conducted by the MOH, the

Ministry of Planning, and the WHO should provide useful information for future consideration.

Based on currently available data, retreat participants made recommendations in four broad areas—decentralization, health care financing options, community participation, and essential services—for continued development of a PHC strategy.

Decentralization. This was the most hotly debated topic of the retreat because participants were not unanimous in their belief that Iraq should adopt a decentralized health system. However, they were committed to the already adopted policy of shifting from a centralized, hospital-based system to a decentralized district PHC approach. Recommendations in this area include the following:

1. Decentralize gradually and in harmony with the country's policies of creating a united democratic Iraq.
2. Hold policy dialogues to educate managers and the public about the impact of decentralization.
3. Fund the construction of PHCCs and preventive services by the central government until decentralization is complete.
4. Establish a strong referral system with gatekeepers to reduce cost of health care.
5. Promote the financial independence for some educational central hospitals.

Health Care Financing Options. While the diversity of opinion about a fully decentralized health care system influenced views about health care financing, retreat participants agreed on the following recommendations:

1. Continue funding by the MOH of both services and essential drugs until there is legislation for decentralization.
2. Increase revenues at both the central and local level via user fees.
3. Decrease expenditures, especially those related to drugs.
4. Establish a strong referral system with gatekeepers to limit access to expensive health care services to only those patients who need it.
5. Separate services from financing to create a more competitive market.
6. Gradually set up a health insurance system.
7. Seek national and international funding for health care.

Community Participation. Recommendations in this area were influenced by presentations by WHO advisors who emphasized that health care planning should not be conducted in isolation and that community members and organizations should be involved in health care planning and implementation. Key recommendations are as follows:

1. Local authorities should establish appropriate channels for community advocacy and consensus building.

2. Effective civil society organizations (CSOs) and nongovernmental organizations (NGOs) should be identified to facilitate partnering with and involvement of communities.
3. NGOs should be encouraged to sponsor capacity-building efforts to strengthen community partnerships.
4. News media should be involved in educating the public about preventive health measures.
5. Funding sources should be identified for small projects in villages to help local government cope with health costs.

Essential Services. A draft Essential Services Package has been developed by MOH and WHO and will be disseminated in the near future. Its main features were identified to retreat participants and include the following:

1. Maternal and child health (antenatal and postnatal care, deliveries at PHCCs, emergencies involving pregnancies, STDs, and family planning counseling)
2. Child health (immunization, IMCI, neonatal care, and adolescent health)
3. Other services (mental health, school health services, nutrition, noncommunicable disease control, and communicable disease control)
4. Guidelines for an effective referral system
5. Guidelines for streamlined procurement of essential drugs, supplies, and equipment
6. Encouragement of a continuous quality improvement system
7. Plans for enhancing capacity building of health personnel at all levels.
8. Revision and updating of norms and standards within the health care system with an emphasis on PHC
9. Improvement of the Health Information System and data collection at the PHC level.

Subtask 1.2: Align current “model” activities in primary health care

The TMPP Project assisted the MOH in implementing a diverse package of interventions designed to improve health care services in Iraq. These interventions included identifying best practices to mobilize community participation in PHC quality improvement and decision making, introducing very basic mental health service delivery as part of overall PHC services, developing QA monitoring and supervision systems and tools for use by PHCC Directors and MOH supervisors, and strengthening MOH management practices.

Community Mobilization

The community mobilization work identified “best practices” in establishing and nurturing the relationship between the PHCC and the community which it serves. PHCC-community partnerships were included in management training for PHCC directors and other PHC managers. The TMPP Project also developed a module for community members that included detailed training implementation notes for PHCC

staff facilitators who will engage community members. Included in this module are the best practices that have been identified for forging a relationship between the PHCC and the community. By presenting the content of this module to community groups, PHCC staff will learn how best to initiate and maintain community participation.

Community-PHCC relationships were discussed and tailored to the unique Iraqi context. In addition, the MOH's commitment to addressing community mental health needs (see the section below on Primary Health Care and Mental Health) was strengthened by the experiences of both the Iraqi social worker participants sent to Egypt for an intensive 2-week mental health course and the physicians who studied the practical applications of the Egyptian Mental Health Programme (EGYMEN).

PHC Management Capacity

In April 2006, nine participants from the MOH attended an Organizational Development and Management workshop at the TMPP Project offices in Baghdad. The objectives of the workshop included:

- creating a process map of the current PHC services, beginning at the lowest level of care;
- identifying and discussing gaps in MOH PHC organizational structure and management;
- developing recommendations to the MOH Strategy Working Group to close those gaps; and
- building skills in mapping and analyzing organizational structures.

Five major challenges were identified by the group:

1. **Decentralization of some decision making to the District and PHCC levels.** The district and local levels of the health system should be empowered by allowing them greater autonomy in specific areas. Highly centralized decision making creates extreme bottlenecks and inefficiencies in the system. Certain decisions that should be made at the district level are currently referred up, not only one level (to the governorate), but through the governorate to the Central MOH. Simple decisions regarding maintenance, transportation, and ordering spare parts require as many as 18 distinct decisions and action points, each with the potential of inaction or a missed hand-off. Clinic directors have even less autonomy and rely on those above them to provide nearly all inputs and decisions.
2. **Deployment of clinical and administrative staff.** Human resources are poorly allocated among clinics and do not properly balance needs with availability. For example, there is an excess of dentists (in one instance, eight dentists and only one dental chair) and a shortage of female nurses and physicians. There are too many doctors in some clinics and not enough in others. Administrative staff are also unevenly distributed, with some clinics understaffed and others overstaffed.
3. **Training and skills building for both clinical and nonclinical staff.** Clinical staff and analytical staff without the appropriate skills add to the frustration of

not having the right skill sets to deliver PHC services. Specifically, it was noted that if decisions were to be moved to lower levels of the system, decision making and analytical skills would be necessary.

4. **Flexibility in budget allocation and spending, as well as timely replenishment of financial resources.** Participants were insistent on the need for greater spending flexibility in such areas as maintenance and repair for buildings and equipment. Of the budget allocated, there is little authority for spending on items not specifically approved. Equipment spare parts, transportation, and basic maintenance currently require many levels of approval, including the approval of the Central MOH, via the Directorate, and the process can take several months. In addition, the transfer of funds to replenish the expended budgets is frequently delayed for months.
5. **Information-based decision making and solicitation of feedback from the implementing levels of service.** Feedback and information about specific situations should be solicited from the individuals closest to the point of service—particularly in PHC service delivery. Examples include the receipt of rarely used pharmaceuticals nearing their expiration dates with the insistence from officials at higher levels of the system that these drugs be used, regardless of patient need, before the drugs expire.

This management assessment and the gaps and recommendations identified in the Organizational Development and Management workshop contributed substantially to work under Subtasks 1.3, 3.2, and 5.1. They also influenced the design of the PHC management workshops conducted for district management teams and central MOH PHC managers in Amman in July 2006 and in Baghdad in November of the same year.

Observational Study Tour (OST) in Morocco

From June 21–30, 2006, senior health professionals and managers from Iraq visited Morocco. The visit provided an opportunity for the Iraqi delegation to observe the Moroccan MOH's experience in implementing decentralization and in management and operations services at the PHC and community level. The study tour also provided an exchange forum for Iraqi health professionals to observe, compare and discuss freely with their Moroccan counterparts and learn from each other.

This OST focused on:

- introducing the MOH to factors involved in the implementation of a package of essential services at the PHC level and the systems required to roll out and maintain effective delivery of this essential package;
- informing MOH personnel of lessons learned from the decentralization efforts that have occurred in Morocco in PHC, including how data is developed and utilized;
- informing MOH personnel on how each PHCC is financed and how strategies for cost recovery are developed;
- establishing the role of the community in PHC service delivery, on how management and operations of PHCCs are installed and carried out, and on community-based interventions; and

- assisting the MOH policymakers to develop plans for incorporating essential PHC investments into planning for PHC service expansion.

For the study tour, the Iraqi participants were grouped into two teams—a team representing the PHCCs and a PHC Community team—with specific interests and issues for each team. A TMPP staff member and a national consultant mentored each team.

PHCCs team

This team was composed of six medical doctors who are Iraqi MOH officials. The team visited Rabat, Oujda Region, and Nador Province from June 21 to 27. During the OST this team focused on:

- the essential health services package provided at the PHCC level;
- the management system required for effective delivery of the essential package;
- interventions that effectively reduce maternal and child mortality;
- efforts and changes needed to implement decentralization;
- health system financing and strategies for cost recovery; and
- community-based interventions, partnerships, and intersectoral collaboration.

PHC Community Team

This team was composed of four medical doctors who are Iraqi MOH officials. The team visited Rabat, Témara, the Marrakech Region, and El Haouz Province from June 25–30, 2006. During the OST this team focused on:

- the essential health services package offered at the community level in Morocco, including effective interventions to reduce maternal and child mortality;
- the role of the community and nongovernmental organizations (NGOs) in PHCC management;
- the health policy changes needed to encourage successful involvement of the communities in PHC services;
- the NGOs and organizations working in community health programs; and
- community education approaches and other interventions that could be appropriately adapted to Iraqi PHC programs.

All participants attended a closing workshop to share their observations and insights and to exchange ideas.

All participants visited the following facilities and sites.

1. MOH centers:

- hospitals, academic hospitals, maternity clinics, pediatrics clinics, specialized clinics (oncology, dialysis)
- PHCCs in urban and rural areas

- Specific health units (Youth Health Unit, Health Unit for the Case Management of Women and Children Victims of Violence)
2. NGO centers:
 - Moroccan Center for the Pan African Organization for HIV/AIDS (OPALS) for AIDS/STI prevention and treatment.
 - Reproductive Health Center of The Moroccan Family Planning Association (AMPF)
 3. The National Agency of Social Development building and its community-based interventions and projects implemented in the rural areas
 4. Integrated community-based interventions and projects.

Participants in the study tour traveled from Morocco to Amman, Jordan, to participate in the Strategy Retreat co-facilitated by TMPP staff with WHO.

Course on Advances in Development Communication

The TMPP Project sponsored eight MOH staff to attend the workshop, “Advances in Development Communication,” organized by the Health Education Resource Unit (HERU), Faculty of Health Sciences (FHS), at the American University of Beirut (AUB) in collaboration with the Johns Hopkins University/Center for Communication Programs (JHU/CCP). The workshop was held at AUB on June 15–16, 2006.

A total of 29 participants (18 women and 11 men) from 8 Arab countries attended the workshop. Participants used data they brought with them on a subject of their choice and that related to their own experiences and working contexts. They were able to apply the step-by-step scientific approach they had learned during the workshop to develop communication interventions with the objective of achieving a measurable behavior change. Participants shared a wealth of culture-related ideas and discovered similar, common misconceptions that resulted in very beneficial group work.

The experiential learning approach was used throughout the workshop. Through individual and group exercises, participants experienced what their target audiences would be expected to experience, such as behavioral change. Participants were also expected to acquire skills in program and audience analysis, setting behavioral objectives, planning communication campaigns, managing a communication program, monitoring activities, and designing impact evaluation. The working groups functioned as a vehicle for applying all the new theories and skills.

The workshop was designed so that small groups of participants applied newly introduced software, used each step of the communication process for a theme of their choice immediately after the presentation, and discussed each step of the process. Members of each group needed to reach consensus on one theme, discuss the questions which allowed them to clarify their program and audience analysis, set communication objectives, plan a communication intervention, develop a budget, design monitoring and impact evaluation plans, and design a sample of audio-visual communication material.

Primary Health Care and Mental Health

The goal of the TMPP Project in support of MOH mental health activities was to improve the integration of mental health diagnosis and treatment into the overall PHC system. The TMPP Project and the MOH elected to use the experience of a regional success story, Egypt and the Egyptian Mental Health Programme (EGYMEN). This goal was accomplished through three activities: two study tours for Iraqi psychiatrists and physicians and a 2-week training for Iraqi social workers.

The first activity, a 5-day study tour to Egypt in March 2006 for four Iraqi psychiatrists and MOH staff, was conducted to aid in improving the Iraqi capacity to address the issues of community and patient mental health. The study tour was designed to inform the nascent community mental health strategy being developed by the MOH. The objectives of the community mental health strategy adopted by the MOH were to:

- compensate for the critical shortage of psychiatrists in the country by improving the capacity of PHC workers—such as general practitioners, nurses, and social workers—to provide quality mental health services;
- improve community recognition of mental health issues and reduce the stigma surrounding them; and
- explore EGYMEN's experience in handling mental patients as part of the PHC service, as well as the EGYMEN program of providing positive mental health messages to the community through a community-based educational campaign.

The model of integrating mental health into PHC activities was accepted by the OST participants as a key strategy for improving mental health services. This strategy contributes to early detection and diagnosis, reduces the burden on mental hospitals, compensates for the shortage of psychiatrists, and can help reduce the stigma associated with mental disorders.

The second activity, a mid-July 2006 tour to Egypt, was a follow-on OST to the first study tour, but conducted for 10 Iraqi PHC physicians selected by the MOH from seven governorates. The tour's objectives were as follows:

- Learning about the role of PHCC staff in identifying, treating, and referring mental health patients to the appropriate treatment and care
- Developing knowledge and skills to identify cases and to counsel and refer patients and families who need advice and referrals in mental health issues
- Observing and developing community-appropriate messages that will assist in addressing the mental health situation in Iraq
- Learning about pre-service education and in-service training curricula and interventions that can assist in upgrading the knowledge and skills of PHC physicians, nurses and social workers
- Visiting and observing PHCCs active in treating patients with mental health disorders.

- Developing a plan of action to implement best practices from Egypt that are appropriate for the treatment of mental health patients in Iraqi PHCCs.

During the mid-July tour, participants heard presentations from mental health officials and visited facilities in Alexandria and Cairo. At the conclusion of the tour, participants offered the following conclusions and recommendations:

1. The model of integrating mental health within PHC activities is appropriate to improving mental health services and will help in early detection, diagnosis, and treatment, and in reducing the stigma associated with mental illness. This model can be reviewed and adapted for Iraq.
2. The best approach for mental health care is the multidisciplinary team approach (physicians, nurses, and social workers/health educators) which will help in dealing with patients, families, and communities.
3. OST team members and others should meet with the national Mental Health Advisor in Iraq to develop a plan for integrating mental health into PHC.
4. Egypt's training curriculum on mental health for PHC physicians should be reviewed and customized for use in Iraq.
5. A plan should be developed for training PHCC staff about mental health.
6. A TOT program should be conducted to train PHC physicians about mental health.
7. A TOT program should be developed and conducted for training nurses about mental health, similar to the program that was developed for social workers.

The third activity of the mental health interventions was a 2-week TOT workshop also held in July 2006, in Alexandria, Egypt, for 15 key Iraqi social workers in the field of mental health. Among the workshop participants were three senior social workers representing the Iraqi National Council for Mental Health.

The curriculum for the workshop was originally developed by EGYMEN to train Egyptian social workers. It focuses on providing mental health services in the context of PHC and includes sections on interpersonal communications skills; simple clinical mental health skills; and information and skills on mental-related knowledge, attitudes and practices. Workshop participants also made a field trip to the El-Ma'Mora Mental Health Hospital.

Objectives for the workshop were for each participant to master a number of abilities related to training, as well as the following skills related to mental health:

1. Describe factors (at the PHC level) that precipitate mental illness.
2. Explain the difference between neurosis and psychosis.
3. Discuss schizophrenia and its associated symptoms.
4. Identify the role of social worker with the nocturnal enuresis patient and his family.
5. Discuss psychosomatic disorders in the PHC field.
6. Discuss anxiety with clients of PHCCs.

7. Discuss addiction and its associated symptoms.

Following completion of the workshop, the participants returned to Iraq to train other social workers on mental health issues.

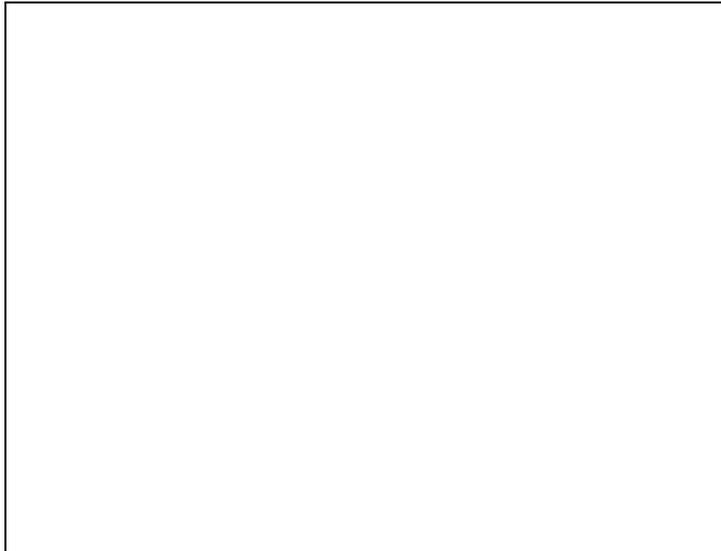
Quality Assurance (QA)

The TMPP Project focused on institutionalizing QA systems and tools through multiple project activities. From the beginning of training activities, each curriculum developed by the project included performance assessment checklists for providers, supervisors, and managers to use in identifying and reinforcing effective practices as well as areas for improvement.

Beginning in November 2005, the TMPP Project worked with the MOH to refine the ministry's existing QOC checklist for PHCCs. Revising this checklist included developing a condensed Essential QOC checklist that focused on a subset of indicators deemed to be of the highest priority by the ministry. To systematize the use of the QOC checklists, these indicators were linked to the "Management by Objectives" concept and methods that were introduced as part of the training of PHC center directors and district managers who supervise one or more PHCCs from sector health offices in each governorate. In this system, center directors and district managers are encouraged to use the checklist regularly to identify areas where service quality is satisfactory and where opportunities for quality improvement exist. The areas identified are then integrated into each PHCC's quality improvement plans. center directors and district managers were oriented to the checklists in June and July 2006, and the checklists were discussed in greater depth with selected PHCC directors and district managers. The final versions were consolidated into one document, *Quality of Care, Monitoring and Supervision System*, which includes the Quality of Care checklists, Material Resources checklists, Provider Skills checklists, and a Trainers Skills checklist with guidelines for using the checklists to gather information, analyze it, and use it for action. The document was provided to the MOH at the end of the project. A Management Skills checklist, which may be used for evaluating PHCC directors in a training setting or on the job is included in the Training Curriculum in Management and Administration of Primary Health Care Centers.

Subtask 1.3: Lead primary health care workforce planning and organizational development

In April 2006, TMPP Project staff conducted a Management and Organizational Development workshop for District Managers to assess gaps in management systems. The findings from this workshop were disseminated to the PHC Strategy Working Group. This group used the identified gaps and the recommendations to inform the PHC Retreat discussions, which included decentralization, the essential health services package, health care finance, and community participation.



*Stakeholder workshop, April 2006.
(Photograph redacted for security reasons.)*

In May 2006, TMPP Project staff conducted a rapid assessment of center directors to determine staffing gaps at the PHCC level. These findings were analyzed and submitted to the PHC Directorate.

G. Task 2 Optional Activity (OA): Estimating Resource Needs for Primary Health Care

Subtask 2.1: Enhance Ministry of Health skills in budgeting and financial management at central, governorate, and district levels

The TMPP Project implemented multiple activities that contributed to enhanced MOH capacity in budgeting and financial management. During the OST to Egypt, a key component of the participants' exposure to the national PHC system focused on the financial aspects of implementing high-quality PHC services in a decentralized environment. Of special importance is the need for improved resource allocations to, and decision-making authority for, the regional, district, and local levels.

In addition to the OST, the TMPP Project, in collaboration with the MOH, designed, organized, and conducted a 5-day workshop to train physicians and other health professionals serving in Sector Health Offices as members of PHC district management teams. Basics of successful financial management were included in this training.

TMPP Project staff planned for a workshop in financial management for the Directors General (DGs) from the governorates. In preparation for the workshop, a set of tools and materials were produced to help guide DGs in improving financial planning, cost recovery, health care finance and other important elements of financial management that are essential to success in a more decentralized management environment.

Because of scheduling constraints, the MOH was unable to identify candidates to attend the workshop, resulting in cancellation of two proposed events. The tools have been provided to the MOH for future use.

Subtask 2.2 Support the production and analysis of National Health Accounts

Two National Health Account (NHA) workshops were held by the TMPP Project. The initial NHA workshop was conducted April 11–14 in Amman, Jordan. Thirty-nine representatives from the MOH, Ministry of Finance, and the Bureau of Statistics, as well as the WHO, attended the workshop. The workshop focused on:

- continuing Iraq’s work in developing NHAs, with emphasis on defining expenditures;
- collecting data;
- completing NHA tables; and
- institutionalizing the NHA process.



*First National Health Account workshop in Amman, Jordan, July 2006.
(Photograph redacted for security reasons.)*

The second NHA workshop, organized and co-facilitated by TMPP staff, STTA experts, and the WHO, was held on July 8–13 in Amman. The 16 participants—MOH finance personnel who had attended a course on the procedures of the NHA system—met to review NHC technical aspects and to develop their skills as trainers, thus enabling them to train others in Iraq on NHA procedures. Participants also received coaching on conducting sessions in their own specific areas of expertise.

At the conclusion of the workshop, many of the participants from local governorates suggested that the base of NHA trainers be expanded at the regional level. It was recommended that similar participatory training courses be held in the future to build a network of support for use of the NHA system.

The WHO is expected to continue work on NHA activities after TMPP ends.

H. Task 3 Optional Activity (OA): Strengthen PHC Programs

Subtask 3.1: Expanding essential services

As detailed under Task 1, TMPP Project staff conducted a retreat in coordination with WHO to discuss the development of the Iraqi PHC strategy. The MOH, with assistance from WHO and the TMPP Project, has drafted many different versions of a

strategy document. At the Strategy Retreat, additional work was identified, along with responsible persons to move the PHC strategy forward.

One of four main topics at the Strategy Retreat was the MOH's essential and expanded package of health services. TMPP Project staff learned through discussions with the WHO and the MOH that substantial work had already been done in this area, including a draft package of services that is currently awaiting approval from the MOH. As a result, it was decided that the TMPP Project should not intervene in the development process directly.

However, the TMPP Project has contributed to this work through other activities. To inform the MOH's understanding of potential high-impact maternal and child interventions, a 2-day workshop, "Child Survival: Countdown to 2015," was conducted by TMPP Project staff in April 2006. Eleven representatives from the MOH attended the workshop, which presented findings from the December 2005 London conference, "Tracking Progress in Child Survival: Countdown to 2015," that had been attended by the TMPP Project Director. The conference focused on sharing best practices in incorporating high-impact child survival interventions.

The objectives of the TMPP workshop were to:

- brief participants on knowledge and findings from the Child Survival Conference;
- learn about the Millennium Development Goal-4 (MDG-4) for Child Survival;
- learn about the global efforts to achieve the MDG-4;
- review lessons learned from the Child Survival International Community;
- discuss a definition of intervention coverage and the determinants of coverage;
- discuss intervention coverage indicators; and
- identify opportunities to apply lessons learned from MOH PHC activities.

At the end of this meeting, the participants identified the high priority interventions for future work in PHC, including

- tetanus toxoid,
- oral rehydration therapy (ORT),
- postnatal visit within three days after delivery,
- antibiotic treatment for pneumonia, and
- timely initiation of breastfeeding.

India Study Tour

Two MOH staff members who had attended the Maternal and Child Health workshop at the TMPP Project office were sent to India to observe best practices in maternal and child health and to attend the MotherNewBorNet Annual Meeting in Delhi. This meeting exposed the participants to successful maternal and child health interventions that can be applied in the Iraqi context.

In addition to attending the MotherNewBorNet meeting, the two participants visited a home-based newborn care program. This community-based intervention was provided

by a trained community health worker. The trained worker attends the birth and then makes home visits on specified days during the neonatal period to provide essential newborn care and to care for sick newborns, including management of birth asphyxia, specialized care for high risk babies, and administering antibiotics for sepsis.

Virtual Leadership Development Program (VLDP)

TMPP Project staff implemented two VLDP activities in collaboration with Basic Support for Institutionalizing Child Survival (BASICS III) and Management Sciences for Health (MSH).

VLDP is an online management course offered by MSH in Amman, Jordan. The VLDP program strengthens the leadership capacity of human resource managers and their health care teams so that they can more effectively address human resource crises in health care. Each time the course is conducted, there is an initial meeting for team leaders followed by delivery of the course material entirely online. MSH, with TMPP Project support, delivered the 13-week course twice—once to 11 team leaders with 76 participants from their teams and a second time to 12 team leaders and 70 participants from their teams.

Each workshop began with a 2-day co-facilitators meeting. During these two days the co-facilitators were oriented to the VLDP Web site, the e-Room, and the Mailbox.

MSH has translated the VLDP Web site and workbook into Arabic. The workbook is available and has been distributed to the participants and to their 146 team members.

Subjects covered during the workshop included

- Introduction to Leadership
- Managers Who Lead
- Leadership in Health Programs
- Identification of a Challenge
- Leadership Skills
- Interpersonal Communication
- Management of Change.

A sampling of the focal areas that the eleven teams worked on includes

- child care and breast feeding,
- child respiratory tract infection and the abuse of antibiotics,
- computer use for office administration and total quality,
- rational use of drugs,
- planning and decision making, and
- child nutrition support.

During the workshop, participants received substantial hands-on training and practice in basic Internet skills. In particular, they learned how to help their team members create e-mail accounts and how to access the VLDP Web site and its key interactive

element, the “Café.”³ In addition, participants were oriented to the daily tasks for each team member and to the tasks required to complete each unit.

Subtask 3.2: Strengthen critical primary health care services management/ support systems

During the 3-day Organizational Development workshop in April 2006, participants mapped the current management system for PHC in the MOH. This mapping activity resulted in an improved understanding of the existing system and in the identification of important gaps in the system’s structure and performance. Identified gaps included:

- need for improved decentralization of some decision making to the district and PHCC levels, including empowering the district and local levels of the health system by allowing greater autonomy in specific areas;
- deployment of clinical and administrative staff;
- training and skills building for both clinical and nonclinical staff;
- flexibility in budget allocation and spending, as well as timely replenishment of financial resources;
- information-based decision making and solicitation of feedback from the implementing levels of service; and
- process mapping at the facility level to improve internal systems.

Based on the results of the Management and Organization Development workshop held in May 2006, the TMPP Project designed a curriculum and conducted a workshop in July 2006 for PHC District Management Team members. The training package for this activity, adapted from the curriculum and sessions plans for management training for center directors, was designed to improve the district teams’ ability to support PHCC directors’ work through improved planning, supervision, and evaluation skills. In addition, a set of management and supervision tools was developed for the district managers and distributed during the workshop.

The objective of the workshop, attended by 22 participants, was to develop and test a model for training District Managers in basic principles and concepts of management that are consistent with the content and methods of training being provided to PHCC Directors. The workshop design was based on the Management and Administration curriculum developed by TMPP for training PHC Center Directors. It was modified to reflect the experience and participant inputs of the Organizational Development and Management workshop conducted by TMPP for selected MOH staff in April at the TMPP Training Center in Baghdad. The workshop design emphasized strengthening the competencies of sector supervisors in planning, organizing and managing resources, leading, and coordinating operations and service delivery in the PHCCs.

As identified in “The View of the Future” recommendations produced in the July workshop, the three most important action areas for MOH to improve the availability and accessibility of high quality PHC for all Iraqi citizens are finance and financial

³ The VLDP Web site has a “Café” feature that functions like an online discussion group, allowing participants to post comments and questions and encouraging interaction and information sharing.

management; training and distribution of personpower at all levels; and the expansion, upgrading and maintenance of facilities and equipment.

Two more workshops were conducted at the TMPP Training Center in Baghdad in November 2006 to orient additional district PHC managers, sector health directors and central MOH managers to the principles and concepts of sound PHC management. The content and training activities of those workshops were concentrated into 3-day sessions because of MOH scheduling requirements and deteriorating local conditions.

I. Task 4 Optional Activity (OA): Strategic Support for Primary Health Care

Subtask 4.1: Strengthening strategies, systems, and policies

The TMPP Project sponsored several activities designed to improve the MOH's ability to collect, analyze, and use data in policy analysis and national program management. As part of the OST by MOH representatives to Morocco, participants explored Morocco's cutting-edge Health Management Information System (HMIS) and its role in promoting efficient and effective feedback on the performance of programs and the needs of communities and facilities.

The TMPP Project facilitated the attendance of nine MOH employees at a Geographical Information System (GIS) workshop in Amman, Jordan, in June 2006. This workshop, organized by MEASURE, of the University of North Carolina at Chapel Hill, and InfoGraph, of Amman, Jordan, achieved the objective of building capacity among the Iraqi participants to conduct geographic analyses of population and health data, resulting in an improved MOH capacity to use health information in service delivery, monitoring, planning, and evaluation.



*Attendees participate in GIS training
in Amman, Jordan, June 2006.
(Photograph redacted for security reasons.)*

Workshop participants received hands-on training in using GIS software and spent substantial time exploring the principles of GIS database development by incorporating available data into a GIS and performing exploratory analyses using the geo-referenced data. In addition to the training using GIS software, participants completed their own geographic analyses of selected population and health indicators, using available socioeconomic, environmental, and biophysical datasets for Iraq.

The workshop activities included a didactic and practical component held at the training center of the Jordanian GIS firm InfoGraph, as well as a field component to

exchange lessons learned, which consisted of meetings and GIS presentations with Jordanian agencies that had applied the system. As part of this fieldwork, participants visited the Health Information System (HIS) Department of the Jordanian MOH, the Jordanian Central Demographic and Census Bureau, and the Royal Jordanian Geographic Center to learn about Jordan's successful integration of geographical and health information systems.

Subtask 4.2: Building long-term capacity to manage facilities

To ensure the efficient and sustainable operation of specialized equipment in the model PHCCs, the TMPP project developed a 5-day training course in PHCC Operations and Maintenance. Six of these training events were held and technical materials—in English and Arabic—were developed for the training. The project worked closely with MOH staff in developing the materials and in co-facilitating the training. Using these materials, TMPP staff trained 123 engineering and maintenance employees from the central MOH and 15 governorates outside of Baghdad (see Table 14).

Reference materials developed in English and Arabic include:

- Disposal of Hazardous Medical Solid Waste
- The Operation and Maintenance of Water Treatment Systems for Primary Health Care Centers
- Maintenance of Air Conditioning Units
- Planned Maintenance of Primary Health Care Centers.

ENGINEER TRAINING AIDS QUALITY, EFFICIENCY OF PRIMARY HEALTH CARE CENTERS

Date: June 10, 2006

Engineer training complements TMPP Project strategy to ensure overall quality of care in model Primary Health Care Clinics (PHCCs).

Although providing training for physicians and nurses to learn the latest medical and professional practices and procedures is critical to the success of the 142 model PHCCs across Iraq, training engineers to keep these PHCCs operating efficiently and effectively is equally important in providing the highest quality care and treatment to the people of Iraq.

Since March 2006, six engineer-training workshops have been offered to more than 108 engineers by the TMPP Project, in collaboration with the Ministry of Health (MOH) and with financial assistance from USAID. Engineers selected to receive TMPP training were recommended by the governorates to the MOH. Each participant attended one of the six training sessions held in Baghdad and Amman.

The 5-day seminars covered both basic and advanced techniques and practices for supporting PHCCs. Training topics included planned maintenance of equipment and infrastructure systems, electricity generation and handling of solid and liquid wastes, as well as instruction related to the medical aspects of water treatment, air conditioning, and disposal of hazardous wastes. The training workshops also helped engineers devise systems for developing cost and budget estimates to track expenses related to operating the centers.

Each session concluded with open discussions, where participants offered comments and suggestions about the content of the workshops and the design and operations of the PHCCs. Suggestions directly related to the PHCCs were referred to the MOH.

The engineer-training workshops are expected to assist greatly in the overall improvement of the Iraqi health-care system.

Table 14. Participants in Operations and Maintenance Training

Training of Engineers in Planning Maintenance			
Governorate	Male	Female	Total
Babil	7	1	8
Baghdad	27	5	32
Al Basrah	7	1	8
Diyala	4	1	5
Dahuk	5	1	6
Arbil	3	4	7
Karbala	5	1	6
Maysan	8	0	8
Al Muthanna	6	1	7
An Najaf	5	0	5
Ninawa	2	3	5
Al Qadisiyah	5	0	5
Salah Ad Din	5	0	5
At Ta'mim	4	1	5
Thi-Qar	6	0	6
Wasit	5	0	5
Sum	104	19	123

Based on feedback from training participants, TMPP Project staff developed a 2-hour visual module on the importance of Planned Maintenance in PHCCs that was included in the Management Training for center directors. Participants' evaluations of those workshops (June 2006), recognized the importance of the information presented during the 2-hour session.

J. Task 5 Optional Activity (OA): Primary Health Care (PHC) Management and Leadership Development

Subtask 5.1: Enhancing MOH leadership and management to facilitate decentralization

Using the gap analysis conducted during the Organizational Management workshop, TMPP project staff designed and conducted a workshop in July 2006 in Amman, Jordan, for 22 members of MOH District Management teams. (See Section H, Subtask 3.2 above.) In addition to the Management for District Health Teams workshop, in-depth discussions on decentralization were held within the PHC Working Group during the project and at the PHC Strategy Retreat. These discussions generated recommendations, including next steps, for improving the decentralization of PHC services. Two concentrated orientation workshops were conducted in Baghdad in November 2006 to train district PHC managers, sector health directors, and central MOH managers in management principles and concepts.

K. Task 6 Optional Activity (OA): Building Primary Health Care (PHC) Partnerships

Subtask 6.1: Enhance donor and cross-sectoral coordination in primary health care

TMPP Project staff initiated work on this task by assessing the capacity of the existing donor coordination unit within the International Health Department at the MOH. Following this assessment, TMPP Project staff drafted an organizational chart with the staffing needs for the donor coordination unit and submitted it to the MOH for consideration and approval. At this point, donor coordination activities aimed at developing a formal unit within the MOH were suspended at the request of the MOH.

Important progress in donor coordination was achieved, however, through the PHC Retreat in July 2006. During this meeting, the current key PHC stakeholders—the WHO, the TMPP Project, and the MOH—met extensively and shared objectives, technical assistance and strategies. It is hoped that such coordination will become standard operating practice in future PHC activities within the MOH.

L. Task 7 Optional Activity (OA): Responding to MOH Emerging Needs

The TMPP Project responded to MOH emerging needs through a variety of activities that have been integrated into the preceding reports on project tasks undertaken and completed.

M. Additional Project Activities

Ministry of Health Steering Committee and Scientific Working Groups

TMPP and the MOH formed a steering committee and four scientific, or technical, working groups to coordinate project training and capacity-building activities and to

guide the planning, development, and testing of systems, standards, and other project products.

The Steering Committee provided general oversight of project activities to ensure their consistency with MOH national PHC policies and priorities. It guided project planning, policy development and coordination among collaborators and stakeholders. Members of the Steering Committee included the Director General for Public Health and Primary Health Care, other senior MOH officials, and senior TMPP advisory staff.

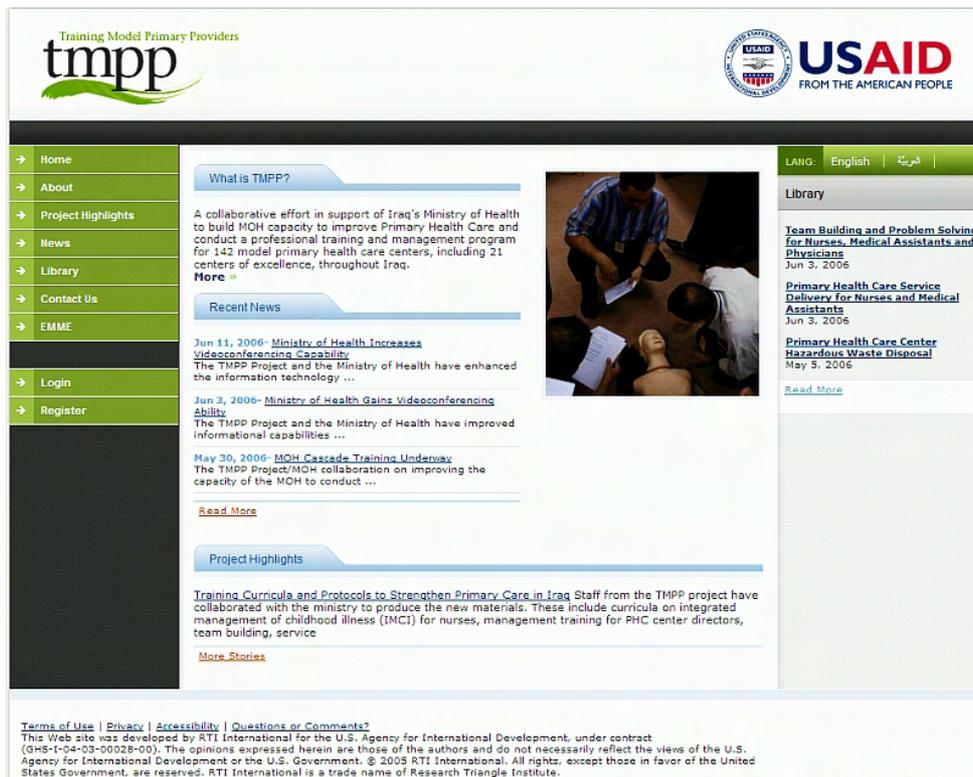
The TMPP and MOH also formed four scientific working groups whose continuously serving members included MOH central and sector officials, service providers, field managers and others: the Physicians Working Group, the Nurses Working Group, the Team-Building and Problem-Solving Working Group and the Management Working Group. These groups met frequently to assist TMPP in identifying needs; setting priorities; developing standards; and developing and testing curricula, protocols, and related materials. They also proposed systems changes or adaptations consistent with improved PHC services quality and performance. The working groups were the portals for additional important inputs to the MOH that built professional and institutional capabilities in several systems planning and human resources areas. A number of working group members also became trainers and/or training facilitators.

Training Facilitators for Training and Training Management

Iraqi health professionals who had successfully completed TMPP service delivery and management training courses were selected jointly by the MOH and the project, based on their performance during the training courses, to receive additional TOT training and/or mentoring in curriculum use by the TMPP Training Team. The TOT training and mentoring as “facilitators-in-training” further refined their skills in training methodology, in the management of training, and in supporting other trainers. The result is a corps of Iraqi “master trainers” who are qualified through TMPP training and supervised experience to organize and lead on-going MOH training programs, supervise other trainers, and monitor training quality.

TMPP Web Site

The TMPP Project maintained a user-friendly Web site highlighting activities and achievements of the project and the MOH. It is available in both English- and Arabic-language versions. Throughout the course of the project, it provided updates on the latest TMPP news and accomplishments. The site can be viewed at www.tmpp-iraq.org.



Screenshot of TMPP Web site page.

Videoconferencing

To support effective MOH communication between the project and other organizations, the TMPP Project established two videoconferencing centers within the MOH. One of these centers is to be used by MOH leadership for communications and outreach and the second is positioned for use to support continuing medical education.

III. Discussion of Lessons Learned

The TMPP Project's achievement of its goals provides an excellent illustration of the importance of close collaboration with counterparts, flexible planning and management, and the ability to adapt to rapidly changing conditions in order to succeed in development assistance programs. Project outcomes include not only persons trained, materials produced, and systems designed and delivered, but also a sustainable increase in the capability, capacity, and commitment of Iraqi health professionals throughout the national system. This section provides a discussion of the lessons learned.

A. Security

From the outset, the TMPP Project faced a challenging security situation. Deterioration of conditions in Iraq, especially in Baghdad, complicated project activities and added significantly to the time required to complete them. Throughout the life of the project, close coordination was needed to ensure that activities could

proceed with appropriate risk management. The relationship between RTI and the PSD has been a key factor in facilitating constructive progress toward project objectives.

The need for project staff to travel in armored convoys, and the logistics of scheduling such travel, placed limits on staff mobility. Because the project staff worked so closely with the MOH, frequent and convenient access to ministry officials was especially important to the project's work. Yet the relative locations of the project office and the MOH made travel between the two, for both project and MOH staff, a decided challenge. Although the MOH was strongly supportive of TMPP, face-to-face interaction between project leaders and MOH officials was possible less frequently than desired for security reasons. In addition, violent incidents and intermittent concerns over specific security threats disrupted project calendars and schedules for the TMPP Project, the MOH, and USAID.

These challenges directly impacted the project's training and capacity-building tasks. Security factors also impacted USAID's ability to oversee and track the project and to support its efforts and achievements by limiting their own staff transportation and scheduling options. The difficulties of moving about the country posed significant challenges to training, because travel to and around Baghdad was difficult and dangerous not only for expatriate members of the project team, but also for Iraqi nationals participating in training events. Even after training activities were temporarily relocated to Amman, Jordan, the lengthy processes of getting work release and foreign travel clearance restricted the number of participants who could attend.

Project staff pursued several successful strategies to mitigate the effects of the security situation. These strategies included recruiting a talented and dedicated core of local staff who served as project liaisons to the MOH. They delivered documents, scheduled meetings, and arranged times for communication other than face-to-face meetings. Additionally, the MOH identified and supported several members of its own staff to serve as dedicated coordinators for TMPP Project activities. The designated coordinators' knowledge of the inner workings of the MOH was essential to timely implementation of project initiatives. When face-to-face contact was not possible, communications occurred through other means, including Skype (Internet-based telephone), e-mail, cellular telephone, and videoconferencing. Without the close personal and professional relationship the project enjoyed with MOH counterparts, these means might not have been sufficient. Finally, project and MOH staff exhibited exceptional flexibility by allowing meetings to be combined, workshops to be shortened or rescheduled, and project implementation to continue despite the constraints.

The security lesson learned for projects in conflict or immediate postconflict environments is that addressing security as a high-priority issue and endeavoring to manage security threats in as transparent and reassuring a manner as possible for staff and counterparts is a highly cost-effective investment of resources.

B. Staff

Recruitment of long-term staff, local hires, and STTA was significantly more difficult given concerns over security and the reluctance of many qualified people to work in Iraq. Concerns about security and related quality-of-life issues made staff retention problematic. Largely as a result of these constraints, the project was never able to attract and maintain a full staff.

Local employees had to be willing to take the risk of being targeted by insurgents and terrorists for working on an American project. For all but a few months in mid-2006, all project activities occurred in Baghdad; mobilizing appropriate and willing STTA for this venue was typically a lengthy process. Also, as a result of the frequent dynamic changes to the implementation plan throughout the life of the project, the matching of staff, skills, SOWs, and schedules absorbed many administrative and other resources.

TMPP's success is partly attributable to the willingness of staff to work very hard to compensate for the shortage of adequate human resources. In many cases, individual staff members carried out the duties of multiple positions, which sometimes necessitated their taking on responsibilities for which they may not have been adequately prepared.

As the TMPP Project has demonstrated, any project seeking to work in an immediate postconflict society such as Iraq must plan to contend with obstacles to staff recruitment and should stress to prospective staff the importance of being willing to assume different roles if needed.

C. Project Concept and Design

The TMPP Project overcame two major issues of concept and design that posed challenges to accomplishing project objectives.

First, the project was designed around the idea of using new PHCCs and COEs as a foundation for improved PHC and for delivering a sustainable program of PHC training in fully staffed and operational model centers. These facilities were the responsibility of a U.S. contractor who never completed its SOW. Even at the time of project closeout for TMPP, only a few of the centers had been constructed; very few had been formally accepted by the MOH.

Instead of allowing project activities to be indefinitely delayed by the absence of the new PHCCs, TMPP staff implemented training and built management systems that could be successfully used in existing facilities and under existing service conditions to produce immediate improvements in Iraqi health care. To respond to the lack of COEs for cascade training, the TMPP Project implemented an alternative plan. Existing governorate training centers were provided with the equipment and supplies originally planned for the COEs and were used for the project's cascade training. The training centers will continue to be used for preparing and updating PHC providers and managers.

Second, although the MOH was a strong supporter of the TMPP Project's work and collaboration with the ministry was a major factor in all of the project's accomplishments, the ministry's rather limited funds and human resources meant that it did not always have the capacity to support project activities as strongly as it or the TMPP Project would have liked. This funding challenge did not come as a surprise, because building the capacity of the MOH was one of the TMPP Project's objectives. However, in operation, resource shortages were seen to restrict the ministry's direct support for training and capacity-building collaboration. For example, the MOH was not able to identify and approve participants for TMPP training sessions quickly enough after training was in full swing.

To address this issue, the TMPP Project contributed technical and administrative staff support to improve the MOH's ability to coordinate multiple training activities. This included hiring training coordinators and additional administrative staff. TMPP Project training coordinators and administrative staff also assisted the MOH by aiding in communications with workshop nominees and the offices of the 15 governorates where cascade training was conducted. Additionally, the TMPP Project contributed materials, supplies, and other indirect financial support to strengthen the ministry's resources. As described earlier, existing training centers were provided with necessary equipment and materials and used for cascade training instead of the model centers that had not been constructed by the contractor responsible for that task.

The lesson of this situation is that successful projects must be prepared to contend with challenges and obstacles that may involve counterparts or other projects, circumstances over which they may have no control.

D. Project Operations

Implementation

The challenges posed by the ambitious number and array of activities and objectives set for the TMPP Project, combined with the project having been conceived with a nationwide scope, suggests that an effective alternative might have been (1) to launch PHC-focused activities within a pilot project and (2) to focus on a limited number of training and capacity-building tasks or (2) to implement the full spectrum, but in only a few governorates.

Management

Management of the TMPP Project needed to be quite flexible in planning and carrying out activities to address the restraints and challenges of the current situation in Iraq, and in Baghdad in particular. The project management's ability to respond and adapt is partly responsible for the project's increased rate of activities and accomplishments.

The decision to maintain project offices only in Baghdad has had both positive and negative effects on the project and its ability to carry out training and capacity-building activities. Being located in the same city as the MOH made access to the ministry and its staff easier than it would have been from other cities, and several

TMPP Project staff believe that the bond between the ministry and the project was strengthened by the ministry's perception that the project staff were sharing many of their same hardships imposed by living and working in Baghdad. When the deterioration of security in the country made many training participants reluctant to travel to Baghdad, the decision to shift most activities to Amman, Jordan, was a flexible response that allowed training to continue and also created an incentive for training participants, for whom travel abroad presented an opportunity to study, learn and relax in an environment that was much safer and less stressful than Baghdad.

However, moving activities to Amman also posed additional complications and expenses for travel and scheduling. The ability to conduct some activities in Iraq, but outside of Baghdad—perhaps at training centers in the northern and southern regions of the country—could have offered some of the same advantages as conducting them in Amman, while ensuring that more of the project's expenditures directly benefited the Iraqi economy and made the TMPP Project more visible on a national level. Unfortunately, no suitable centers could be identified.

During the project extension periods, training and other activities resumed in Baghdad. They were affected by increasingly difficult local conditions and by the authorities' efforts to restore and maintain order.

Resources and Support

The MOH was unquestionably the right counterpart for the TMPP Project. Its support was vital to all of the project's accomplishments. Although at first some of the ministry staff seemed wary of the project and its perceived goals, good relations between project staff and MOH staff helped forge a strong working partnership between the two. The relationship came to be based on mutual trust that facilitated the exchange of ideas, skills, and understanding. For example, the MOH at first resisted conducting Project activities outside Iraq. However, through work with project staff, the MOH was able to understand and support the decision to relocate activities from Baghdad to Amman. Experience with the TMPP Project is likely to make the MOH favorably inclined toward other international development projects that identify the ministry as a partner.

As previously noted, however, as more project activities were relocated outside Iraq, the MOH reached the limits of its ability to identify appropriate participants and to approve their international travel, thus creating a programmatic bottleneck. (The problem, it should be noted, extended to all externally funded training activities scheduled to be conducted outside the country.) This situation reflected both the complicated nature of travel to and from Iraq and the fact that the ministry had its own competing priorities that prevented it from giving project-related tasks the attention and human resources that TMPP needed to be most effective. For example, a new Minister of Health was named in August, 2006, which created significant new distractions and a re-ordering of priorities for the ministry staff.

Additionally, at the time the TMPP Project was implemented, the MOH had not adequately asserted itself as the guiding force in Iraqi health care. The ministry's vision and priorities for health care in Iraq were not well publicized among medical

professionals—especially among those outside of Baghdad. This meant that during project activities, TMPP Project staff needed to educate most participants about the ministry’s vision for PHC, of which most training participants were completely unaware. Until these activities began, project staff had not realized that they would need to interpret such information and convey it to participants.

The Iraqi government’s travel ban on non-Iraqi Arabs around the time of the December 2005 elections was another factor that affected staff resources for the TMPP Project. For an extended period of time, four advisors were kept outside the country, with only a limited number of Arabic speakers among the advisors remaining in Iraq. Those advisors continued to make project inputs from outside the country by email and telephone. Thus, new onsite advisors were expected to play multiple roles even though they had arrived in Iraq only one or two months earlier.

Close cooperation among the MOH, USAID, and project staff was responsible for the TMPP Project’s ability to overcome the challenges posed by issues of project implementation, management, and resources and support. How these issues were overcome helps to illustrate the most significant lesson of TMPP: the need for maximum flexibility among projects, donors, and host counterparts if project objectives are to be realized.

E. Training and Capacity Building

Significant Achievements

The cascade training system concept—based on a development continuum covering needs assessment through resources development to intervention and evaluation and monitoring to maintain quality standards—was initially resisted by the MOH and some health workers for reasons that, while not completely clear, may reflect more concern about the project’s motives than about its concept. However, as the project staff forged relationships with the MOH, the concept worked well and participants show marked improvements in motivation, morale, and attitudes toward QA and other project themes.

Similarly, the joint training of physicians and nurses in team-building and problem-solving was initially resisted by physicians, probably for reasons of culture and perceived status and a lack of exposure to concepts of collaborative management. However, by the conclusion of this training, participants could see positive results for themselves and so demonstrated marked enthusiasm for a continuation of team-building and problem-solving efforts.

When the TMPP Project was first proposed, plans called for using existing curricula. However, after extended discussions with the MOH, it was determined jointly by the MOH and TMPP Project management that TMPP would collaborate with working groups of physicians and nurses identified by the ministry to develop curricula and protocols that were not generic but that specifically reflected Iraqi culture and traditions and the conditions in Iraq. This unanticipated task added complexity to an already busy project schedule, but the results have been worthwhile. MOH involvement in developing these materials has created confidence in them, as well as

a sense of ownership of their content and application; increased confidence should enhance MOH willingness to continue using these materials after project closeout. The technical working groups have also significantly expanded the MOH's capacity for multidisciplinary planning.

Close cooperation with the MOH and with physicians and nurses around the country was responsible for the project's ability to produce nine new curricula or modules; 10 new or adapted protocols, guidelines, and standards of practice; and a QOC monitoring and supervision system for PHC in Iraq. The development of these materials serves as a good illustration of how members of collaborative partnerships can reach understanding and arrive at joint decisions that successfully advance their common objectives.

F. Project Outcomes and Indicators

The clearest outcomes for the TMPP Project are reflected in the activity reports of the training and capacity-building teams that document the systematic process of planning, organization, and preparation that must precede implementation to ensure the availability of adequate resources and coordination of efforts to produce intended results (see Section II). The MOH is now adopting that systematic process.

Addition Points Highlighted by the TMPP

A large difference in concepts and definitions lay between the highly centralized health care system that has existed in Iraq and the decentralized approach of the TMPP Project. Significant progress was made in bridging that gap, through the willingness of MOH and TMPP staff to work together, listen to each other, discuss and resolve differences, and find ways to move forward toward common goals. MOH staff proved enthusiastic about being exposed to new ideas and approaches and, as a result, were willing to accept extraordinary personal burdens and to undertake often dangerous travel to the TMPP offices for meetings, workshops, and trainings. This response suggested to project staff that other Iraqi government ministries might also respond favorably when approached about working in a collaborative and mutually supportive manner with international NGOs.

Regarding specific activities of the TMPP Project, the ministry is openly enthusiastic about the customized PHC curricula and protocols that it has developed with TMPP assistance, and it has clearly seen and understood the effectiveness of establishing working groups and other new processes for collaborating on development tasks. Although the MOH has identified several needs for on-going or additional collaborative assistance—e.g., to develop a system for post-training follow-up and evaluation, as well as additional areas for skills development through training—the project staff is confident that the MOH will be capable of and interested in using the materials and continuing the work of TMPP after the closeout of the Project.

Trainees and other participants in project activities have also been openly enthusiastic about the activities and, in general, about the work of the TMPP Project. Anecdotal evidence from participants and from some MOH staff indicates that this enthusiasm stems, at least in part, from the perception that the project's work has been done out of

concern for the country and the people of Iraq, and not for business or financial reasons. That perception has obvious implications for the operation of TMPP and other projects: looking and operating too much like a business may be detrimental to achieving project objectives.

Finally, for all donors and NGOs interested in conducting aid work in immediate postconflict societies, TMPP Project staff unanimously endorse the value of maximum flexibility in setting objectives and in planning, organizing, and executing programs. A willingness and ability to adapt to unforeseen and quickly changing conditions has been a vital factor in the TMPP Project's ability to achieve, and in some cases to exceed, its goals.

APPENDICES

Appendix A: Benchmarks

TO Illustrative Results/Progress Benchmarks	TMPP Final Benchmarks	Status	Outputs	Comments
<p>Task 1: Finalize training curriculum</p> <ul style="list-style-type: none"> • Refresher training curricula for physicians and center directors completed in English in time to initiate training in April/May 2005 • Refresher training curricula for nurses and medical assistants completed in English, Arabic, and Kurdish in time to initiate training in April/May 2005 • Gender concepts/principles emphasizing gender sensitivity incorporated into refresher training curricula • Team training curricula developed in English, Arabic, and Kurdish in time to initiate training by August 2005 • Core staff of model PHCCs more skilled in working as a team and in team problem-solving techniques 	<ul style="list-style-type: none"> • Working group, including MOH, identified training topics and develop team training curriculum (9/2005–10/2005) • Team training curriculum and curricula for physicians, center directors, and nurses in PHC service delivery and IMCI, incorporating gender sensitivity, enhanced and finalized (10/2005–11/2005) • Curricula tested and updated (12/2005) • Finalized cascade training curricula used in training, translated into Arabic and Kurdish, and adopted by MOH for use in MOH-led cascade training (5/2006–7/2006) • MOH cascade training strategy, timeline, and monitoring system developed collaboratively with stakeholders and TMPP technical assistance (4/2006–7/2006) • Team trainings and TOT conducted (6/2006) 	<p>completed</p> <p>completed</p> <p>completed</p> <p>completed</p> <p>completed</p>	<p>Curricula in MOH-requested PHC skills and capacity areas completed, gender sensitive, tailored for sustainable use in Iraq, and adopted by MOH</p> <p>Curriculum in Team-Building and Problem-Solving skills completed, tailored for sustainable use in Iraq, and adopted by MOH</p>	<p>Kurdish translations submitted to MOH for review by Kurdish health authorities</p>
<p>Task 2: Training implementation</p> <ul style="list-style-type: none"> • Criteria for future MOH trainers established • Future trainers trained in training methodology and course facilitation • Future trainers identified by MOH trainers • TOT update training completed and methodological, communications, and management skills of MOH trainers enhanced • Core staff of model PHCCs more skilled in working as a part of a team and in team problem-solving techniques 	<ul style="list-style-type: none"> • TOT curricula developed (7/2005) • TOT conducted in basic and refresher training skills (7/2005) • TOT conducted in use of service delivery and IMCI curricula (5/2006) • MOH trainers identified, updated, and cascade training conducted (5/2006–11/2006) 	<p>completed</p> <p>completed</p> <p>completed</p>	<p>Trained trainers available for MOH cascade training in priority PHC areas</p> <p>Team-Building and Problem-Solving training implemented</p>	

TO Illustrative Results/Progress Benchmarks	TMPP Final Benchmarks	Status	Outputs	Comments
<p>Task 3: Ensure training implementation, monitoring, and evaluation</p> <ul style="list-style-type: none"> • Cascade training and timeline developed and implemented by MOH • M&E system for cascade training program developed and utilized to promote quality cascade training 	<ul style="list-style-type: none"> • Initial cascade course held by MOH trainers with TMPP support (9/2005) • MOH cascade training strategy, timeline, and monitoring system developed collaboratively with stakeholders and TMPP technical assistance (4/2006–7/2006) • MOH-led cascade training supported by TMPP project (5/2006-11/2006) • Quality of care (QOC) checklist system and tools updated and finalized in collaboration with MOH (3/2006) • Transfer of QOC checklist system and tools to PHC Directors (5/2006) • Information needs assessed and preliminary information system designed and piloted (10/2005–11/2005) • Additional testing and design improvements developed in collaboration with MOH (3/2006) • System design finalized and capacity built with MOH counterparts (5/2006) • System transferred to MOH ownership (5/2006) 	<p>completed</p>	<p>Cascade training implemented and monitored</p> <p>Quality of care (QOC) monitoring system for PHCCs strengthened</p> <p>Training Management Information System developed in collaboration with and transferred to MOH</p>	
<p>Task 4: In-service training program developed to improve center effectiveness</p> <ul style="list-style-type: none"> • In-service training program designed in collaboration with MOH to lead to certificate of excellence • In-service training modules completed and transferred to MOH 	<ul style="list-style-type: none"> • In-service protocols and curricula needs identified with MOH (10/2005) • Selected protocols developed and transferred to MOH (4/2006) • In-service curricula (protocols and modules) developed and transferred to MOH (5/2006) • Assist MOH to develop a continuing education Web site to facilitate virtual learning (7/2006) • Conduct interactive computer-based Patient Simulation training (7/2006) 	<p>completed</p> <p>completed</p> <p>completed</p> <p>completed</p> <p>completed</p>	<p>Package of in-service protocols and modules developed and transferred to MOH</p> <p>Continuing Medical Education Web site established</p>	

TO Illustrative Results/Progress Benchmarks	TMPP Final Benchmarks	Status	Outputs	Comments
<p>Task 5: Maintain training outputs and outcomes</p> <ul style="list-style-type: none"> • Model PHCC directors skills in center management and administration improved • System developed and initiated for utilizing model training centers as training centers of excellence (COEs) • Medium-term training strategy and plan developed by October 2005 that outlines approach to utilizing training to maintain primary health care (PHC) program quality 	<ul style="list-style-type: none"> • Working group convened to identify management topics for training (11/2005) • Management curriculum developed collaboratively, finalized, and tested (12/2005–1/2006) • Management curriculum adopted by MOH (3/2006) • Center Director trainees identified by MOH (12/2005) • Management training schedule developed and trainings conducted (1/2006–11/2006) • Scope of work finalized for the PHCCOE training network (12/2005) • Training plan established and equipment and supplies determined to meet needs of COEs (1/2006) • Essential equipment and supplies and expanded equipment and supplies purchased and supplied to MOH (7/2006) • Medium-term Training Strategy and Plan developed as part of overall PHC strategy and plan (6/2006) 	<p>completed</p> <p>completed</p> <p>completed</p> <p>completed</p> <p>completed</p> <p>completed</p> <p>completed</p> <p>completed</p> <p>completed</p>	<p>Curricula in MOH-requested PHCC director management skills completed, tailored for sustainable use in Iraq, and adopted by MOH</p> <p>Center Director management training implemented</p> <p>PHCCOE training systems developed to support continuous quality improvement in service delivery</p>	<p>COE strategy shifted to developing governorate training centers in selected PHCCs</p>
<p>TO Option Activity Task 1: Develop and operationalize a PHC strategic and staffing framework to facilitate achievement of MOH program goals and objectives</p> <ul style="list-style-type: none"> • National PHC strategy developed and disseminated by April 2006 • PHC plan of action developed and initiated • PHC organizational and staffing structure developed 	<ul style="list-style-type: none"> • Working group convened to identify gaps in current PHC strategy and make recommendations (4/2006) • PHC Strategy Retreat conducted (7/2006) • Training plan established and equipment and supplies determined to meet needs of COEs (1/2006) • Community mobilization working group formed, including MOH stakeholders and representatives of community groups (2/2006) • Recommendations developed by working group for improving community engagement in PHCCs (4/2006) • Mental health study tours conducted in Egypt for psychiatrists and physicians (6/2006) • Mental health social worker training conducted in Egypt (7/2006) • Videoconferencing capability established in MOH (6/2006) 	<p>completed</p> <p>completed</p> <p>completed</p> <p>completed</p> <p>completed</p> <p>completed</p> <p>completed</p> <p>completed</p>	<p>PHC strategy development and operationalization of MOH plan of action supported</p> <p>Best practices that engage the community and PHCCs identified and disseminated</p> <p>MOH mental health services capacity improved</p> <p>MOH communications capacity improved</p>	

TO Illustrative Results/Progress Benchmarks	TMPP Final Benchmarks	Status	Outputs	Comments
TO Option Activity Task 1: Develop and operationalize a PHC strategic and staffing framework to facilitate achievement of MOH program goals and objectives (continued)	<ul style="list-style-type: none"> MOH outreach and communications practices improved through Communications Workshop in Beirut, Lebanon (6/2006) 	completed		
TO Option Activity Task 2: Estimating resource needs for primary health care <ul style="list-style-type: none"> Strengthened financial planning, budgeting, and management skills at central, governorate, and district level National health accounts (NHA) baseline estimates undertaken 	<ul style="list-style-type: none"> NHA workshop held for senior-level policy-maker from the MOH, Finance, and Planning (4/2006) NHA TOT conducted (7/2006) PHC financing strategies presented for participant review and discussion/revision during observational study tour (OST) (4/2006) Training curriculum and materials for Directors General in financial planning, budgeting, and financial management (5/2006) Workshop conducted for Directors General and staff (6/2006) 	completed completed completed cancelled	Financial management training delivered to MOH NHA Capacity established at MOH/Ministry of Finance (MOF)	
TO Option Activity Task 3: Strengthen PHC programs <ul style="list-style-type: none"> Expanded package of services developed which incorporates high-impact maternal and child health interventions Strategy for implementation of high-impact interventions developed and operationalized with plan for implementation in place Improved management systems in place at model PHCCs Plan for national scale-up of systems developed 	<ul style="list-style-type: none"> Action plan developed for improving decentralized management practices at governorate level (6/2006) Action plan formulated, discussed, and disseminated in collaboration with MOH (6/2006) MOH assisted in identifying and mapping gaps in the supervision system to support quality PHC service delivery (4/2006) Recommendations to address gaps and tools identified and shared with MOH (5/2006) 	completed completed completed completed	Decentralized management action plan developed with MOH Supervisory systems assessed and recommendations developed with MOH	
TO Option Activity Task 4: Strategic support for PHC <ul style="list-style-type: none"> Health sector reform dialogue initiated at national level Improved MOH capacity to collect, analyze, and utilize data in policy analysis and national program management Operations and maintenance plan developed Strengthened MOH capacity in operations and maintenance of facilities and equipment 	<ul style="list-style-type: none"> OST strategy, curriculum, and participant list negotiated and finalized with MOH (3/2006) OST conducted with MOH collaboration, including HIS work (4/2006) PHCC operations and maintenance gaps identified and documented (1/2006) Operations and maintenance plan for PHCCs developed with MOH (3/2006) GIS workshop conducted for MOH employees (7/2006) Training materials targeting operations and maintenance gaps identified and made 	completed completed completed completed completed completed	Dialogue on health sector reform initiated MOH engineers' capacity in operations and maintenance of facilities and equipment strengthened	

TO Illustrative Results/Progress Benchmarks	TMPP Final Benchmarks	Status	Outputs	Comments
TO Option Activity Task 4: Strategic support for PHC (continued)	<ul style="list-style-type: none"> available (3/2006) MOH engineers' training in operations and maintenance conducted (5/2006) 	completed		
TO Option Activity Task 5: PHC management and leadership development <ul style="list-style-type: none"> Enhanced management capacity to implement decentralization Improved linkages between health sector and local government 	<ul style="list-style-type: none"> MOH assisted in conducting a central, governorate, and local-level management assessment to assess management capacity and identify constraints (3/2006) District Management Team (DMT) training package developed and implemented (6/2006 and 11/2006) 	completed completed	Recommendations for strengthening MOH management of decentralized PHC system developed	
TO Option Activity Task 6: Building PHC partnerships <ul style="list-style-type: none"> Donor coordination strategy and plan developed and unit established and operational Resource mobilization strategy designed 	<ul style="list-style-type: none"> MOH supported toward developing a strategy and plan for donor coordination and collaboration (3/2006) Staffing needs for a donor coordination unit outlined in collaboration with MOH (4/2006) Local staff recruited and supported to work within the MOH's Deputy Minister for Rehabilitation (5/2006) Equipment and furniture purchased and delivered for unit (4/2006) 	completed completed completed completed	MOH assisted to improve donor coordination	
TO Option Activity Task 7: Responding to MOH emerging needs <ul style="list-style-type: none"> Donor coordination strategy and plan developed and unit established and operational 	<ul style="list-style-type: none"> Implementation support provided to existing MOH donor coordination strategy 	completed	MOH assisted to refine and implement its donor coordination strategy	

Appendix B. TMPP M&E Indicator Tables

1.A: Percentage of governorates that have at least two MOH trainers who have completed the TMPP-supported Training of Trainers (TOT) curriculum and are assigned to the governorate

PERFORMANCE INDICATOR VALUES		
Target	Actual % (n)	Notes
100%	89% (16/18)	Service Delivery/IMCI Nurses
100%	83% (15/18)	Service Delivery/IMCI Physicians
100%	83% (15/18)	Team Building and Problem Solving
100%	94% (17/18)	Basic TOT

1.B.1: Number of MOH employees who have completed the PHC Service Delivery training program curriculum

PERFORMANCE INDICATOR VALUES		
Target	Actual	Notes
no TMPP target (MOH responsibility)	2331*	Total
no TMPP target (MOH responsibility)	n/a	Physicians
no TMPP target (MOH responsibility)	n/a	Nurses
no TMPP target (MOH responsibility)	n/a	Male
no TMPP target (MOH responsibility)	n/a	Female

*Includes training of service providers conducted in TMPP office as part of curriculum development.

1.B.2: Number of MOH employees who have completed the PHC Service Delivery training program curriculum

PERFORMANCE INDICATOR VALUES		
Target	Actual	Notes
no TMPP target (MOH responsibility)	2331*	Total
no TMPP target (MOH responsibility)	0	Al Anbar
no TMPP target (MOH responsibility)	338	Al Basrah
no TMPP target (MOH responsibility)	92	Al Muthanna
no TMPP target (MOH responsibility)	46	Al Qadisiyah
no TMPP target (MOH responsibility)	106	An Najaf
no TMPP target (MOH responsibility)	40	Arbil
no TMPP target (MOH responsibility)	177	As Sulaymaniyah
no TMPP target (MOH responsibility)	106	At Ta'mim
no TMPP target (MOH responsibility)	110	Babil
no TMPP target (MOH responsibility)	477	Baghdad
no TMPP target (MOH responsibility)	0	Dahuk

PERFORMANCE INDICATOR VALUES		
no TMPP target (MOH responsibility)	122	Thi-Qar
no TMPP target (MOH responsibility)	1	Diyala
no TMPP target (MOH responsibility)	243	Karbala
no TMPP target (MOH responsibility)	119	Maysan
no TMPP target (MOH responsibility)	170	Ninawa
no TMPP target (MOH responsibility)	0	Salah Ad Din
no TMPP target (MOH responsibility)	184	Wasit

*Includes training of service providers conducted in TMPP office as part of curriculum development.

1.C: Number of MOH employees who have completed the Basic TOT module

PERFORMANCE INDICATOR VALUES		
Target	Actual	Notes
120	106	Total
60	60	Physicians
60	46	Nurses
no TMPP target; for reporting purposes only	75	Male
no TMPP target; for reporting purposes only	31	Female

1.D: Percentage of MOH employees who completed any TMPP-supported curriculum and who report at follow-up at least one example of using knowledge, skills, or tools from the training in their job

PERFORMANCE INDICATOR VALUES		
Target	Actual	Notes
80%	95% (37/39)	Total
80%	100% (13/13)	Service Delivery/IMCI
80%	100% (3/3)	Team Building and Problem Solving
80%	100% (1/1)	Basic TOT
80%	100% (6/6)	Center Director
80%	88% (14/16)	Planned Maintenance

*Follow-up survey respondents provided feedback on 39 training courses for this calculation.

2.A.1: Number of MOH employees who have completed the Team-Building and Problem-Solving curriculum

PERFORMANCE INDICATOR VALUES		
Target	Actual	Notes
no TMPP target (MOH responsibility)	1405*	Total
no TMPP target (MOH responsibility)	n/a	Physicians
no TMPP target (MOH responsibility)	n/a	Nurses
no TMPP target (MOH responsibility)	n/a	Male
no TMPP target (MOH responsibility)	n/a	Female

*Includes training of service providers conducted in TMPP office as part of curriculum development.

2.A.2: Number of MOH employees completing the Team-Building and Problem-Solving curriculum

PERFORMANCE INDICATOR VALUES		
Target	Actual	Notes
no TMPP target (MOH responsibility)	1405*	Total
no TMPP target (MOH responsibility)	0	Al Anbar
no TMPP target (MOH responsibility)	349	Al Basrah
no TMPP target (MOH responsibility)	52	Al Muthanna
no TMPP target (MOH responsibility)	23	Al Qadisiyah
no TMPP target (MOH responsibility)	92	An Najaf
no TMPP target (MOH responsibility)	60	Arbil
no TMPP target (MOH responsibility)	110	As Sulaymaniyah
no TMPP target (MOH responsibility)	66	At Ta'mim
no TMPP target (MOH responsibility)	20	Babil
no TMPP target (MOH responsibility)	295	Baghdad
no TMPP target (MOH responsibility)	0	Dahuk
no TMPP target (MOH responsibility)	2	Thi-Qar
no TMPP target (MOH responsibility)	0	Diyala
no TMPP target (MOH responsibility)	89	Karbala
no TMPP target (MOH responsibility)	55	Maysan
no TMPP target (MOH responsibility)	67	Ninawa
no TMPP target (MOH responsibility)	0	Salah Ad Din
no TMPP target (MOH responsibility)	79	Thi-Qar
no TMPP target (MOH responsibility)	46	Wasit

*Includes training of service providers conducted in TMPP office as part of curriculum development.

2.B.1: Percentage of TMPP-trained health care workers who report at follow-up that facility management or organizational structure supports their use of knowledge, skills, or tools from the training

PERFORMANCE INDICATOR VALUES		
Target	Actual	Notes
80%	50% (20/40)	Total
80%	82% (9/11)	Physicians
80%	50% (5/10)	Nurses
80%	0% (0/5)	Medical Assistants
80%	100% (1/1)	Dentist
80%	39% (5/13)	Engineer

2.B.2: Percentage of TMPP-trained health care workers who report at follow-up that facility management or organizational structure supports their use of knowledge, skills, or tools from the training

PERFORMANCE INDICATOR VALUES		
Target	Actual	Notes
80%	49% (19/39)	Total
80%	47% (6/13)	Service Delivery/IMCI
80%	100% (3/3)	Team Building and Problem Solving
80%	100% (1/1)	Basic TOT
80%	67% (4/6)	Center Director
80%	32% (5/16)	Planned Maintenance

*Follow-up survey respondents provided feedback on 39 training courses for this calculation.

2.C: Percentage of health care workers who received TMPP-supported training and who report at follow-up that their places of work have key equipment, instruments and supplies on-site to support staff use of knowledge, skills, or tools from the training

PERFORMANCE INDICATOR VALUES		
Target	Actual	Notes
50%	33% (13/40)	Total
50%	46% (5/11)	Physicians
50%	30% (3/10)	Nurses
50%	40% (2/5)	Medical Assistants
50%	0% (0/1)	Dentists
50%	23% (3/13)	Engineers

*Follow-up survey respondents provided feedback on 40 training courses for this calculation.

3.A: Percentage of targeted PHC Centers of Excellence for which the TMPP project has provided the agreed training equipment and library resources to the MOH

PERFORMANCE INDICATOR VALUES		
Target	Actual	Notes
100%	100%	Delivered to MOH for distribution to PHC centers

3.B: Number of in-service curricula developed for local use in essential and expanded services package training areas

PERFORMANCE INDICATOR VALUES		
Target	Actual	Notes
5	9	Core Service Delivery (2: Physicians and Nurses/Medical Assistants); Team-Building and Problem-Solving; Comprehensive Infection Prevention; Management of Diabetes Mellitus; Management of Hypertension; Selected Women's Reproductive Health Services; PHCC Management

4.A: Personnel and training database (PATIMS) developed and transferred to MOH along with integrated capacity-building

PERFORMANCE INDICATOR VALUES		
Target	Actual	Notes
Yes	Yes	

4.B: Number of supervisory checklists designed to support quality performance in PHC centers

PERFORMANCE INDICATOR VALUES		
Target	Actual	Notes
5	11	Infection Prevention and Control; Referral and Follow-up; Interpersonal Communications; IMCI (2); Training Skills; PHC Center Management; QOC/Supervision

5.A: Percentage of TMPP-trained PHC Center Directors interviewed who report at follow-up they have used management skills, tools, or information gained or strengthened through the training

PERFORMANCE INDICATOR VALUES		
Target	Actual	Notes
80%	100% (6/6)	

6.A: Number of MOH employees who have completed the Center Director curriculum

PERFORMANCE INDICATOR VALUES		
Target	Actual	Notes
150	91	Total
no TMPP target; for reporting purposes only	73	Male
no TMPP target; for reporting purposes only	18	Female

7.A.1: Number of MOH engineers who have completed training in Operations and Maintenance practices for PHC center equipment

PERFORMANCE INDICATOR VALUES		
Target	Actual	Notes
100	123	Total
no TMPP target; for reporting purposes only	104	Male
no TMPP target; for reporting purposes only	19	Female

7.A.2: Number of MOH engineers who have completed training in Operations and Maintenance practices for PHC center equipment

PERFORMANCE INDICATOR VALUES		
Target	Actual	Notes
100	123	By governorate
5	0	Al Anbar
5	8	Al Basrah
5	7	Al Muthanna
5	5	Al Qadisiyah
5	5	An Najaf
5	7	Arbil
5	0	As Sulaymaniyah
5	5	At Ta'mim
5	8	Babil
5	32	Baghdad
5	6	Dahuk
5	6	Thi-Qar
5	5	Diyala
5	6	Karbala
5	8	Maysan
5	5	Ninawa
5	5	Salah Ad Din
5	5	Wasit

Appendix C: Training and Capacity Building Reports

Table C-1. TMPP Training Report

Training Course	Audience	Subject	Form	Training Methodology	Training/ Training Center Site	Governorate and District (trainee origins)	Male	Female	No. of Male Trainees	No of Female Trainees	Total No. of Trainees	Training Days Course length	Training Start Date	Training Completion Date	Expected Outcome
Basic Nurses' TOT	MOH Trainers	Training Methodology and Adult Learning	Workshop	Interactive/ participatory/ competency-based	TMPP Office/ Training Center	Baghdad	4	6	12	8	20	6	10-Jul-05	15-Jul-05	Improved MOH capacity to conduct high-quality, state-of-the-art training
						Diyala	2	0							
						Babil	2	1							
						Karbala	2	0							
						Al Muthanna	2	1							
Basic Nurses' TOT	MOH Trainers	Training Methodology and Adult Learning	Workshop	Interactive/ participatory/ competency-based	TMPP Office/ Training Center	Baghdad	2	0	15	6	21	6	24-Jul-05	29-Jul-05	Improved MOH capacity to conduct high-quality, state-of-the-art training
						Ninawa	3	0							
						As Sulaymaniya	0	1							
						Arbil	3	2							
						Babil	1	1							
						Thi-Qar	1	0							
						Al Basrah	1	0							
						Salah Ad Din	1	0							
						Dahuk	1	2							
						An Najaf	1	0							
						Al Qadisiyah	1	0							
Basic Nurses' TOT	MOH Trainers	Applying Training Methodology and Curricula to Train Service Provider	Workshop	Practical, competency-based	Kempinski Hotel/ Training Center	Wasit	1	0	5	0	5	6	06-Jun-06	11-Jun-06	Improved MOH capacity to conduct high-quality, state-of-the-art training
						Karbala	1	0							
						Thi-Qar	1	0							
						Baghdad	2	0							

Training Course	Audience	Subject	Form	Training Methodology	Training/ Training Center Site	Governorate and District (trainee origins)	Male	Female	No. of Male Trainees	No of Female Trainees	Total No. of Trainees	Training Days Course length	Training Start Date	Training Completion Date	Expected Outcome
Basic Physicians' TOT	MOH Trainers	Training Methodology and Adult Learning	Workshop	Interactive/ participatory/ competency-based	TMPP Office/ Training Center	Baghdad	4	9	11	12	23	6	17-Jul-05	22-Jul-05	Improved MOH capacity to conduct high-quality, state-of-the-art training
						Kirkuk	1	1							
						An Najaf	1	1							
						Ninawa	1	1							
						Salah Ad Din	2	0							
						Maysan	2	0							
Basic Physicians' TOT	MOH Trainers	Training Methodology and Adult Learning	Workshop	Interactive/ participatory/ competency-based	TMPP Office/ Training Center	Wasit	1	0	15	1	16	6	15-Jun-06	20-Jun-06	Improved MOH capacity to conduct high-quality, state-of-the-art training
						Al Muthanna	1	0							
						Thi-Qar	3	0							
						At Ta'mim	1	0							
						Karbala	1	1							
						Diyala	1	0							
						Babil	4	0							
						Baghdad	2	0							
						Maysan	1	0							
Basic Physicians' TOT	MOH Trainers	Training Methodology and Adult Learning	Workshop	Interactive/ participatory/ competency-based	TMPP Office/ Training Center	Baghdad	8	8	13	12	25	6	03-Jul-05	08-Jul-05	Improved MOH capacity to conduct high-quality, state-of-the-art training
						Diyala	1	1							
						Babil	1	1							
						Al Basrah	1	1							
						An Nasiriyah	0	1							
						Karbala	2	0							

Training Course	Audience	Subject	Form	Training Methodology	Training/ Training Center Site	Governorate and District (trainee origins)	Male	Female	No. of Male Trainees	No of Female Trainees	Total No. of Trainees	Training Days Course length	Training Start Date	Training Completion Date	Expected Outcome
Basic Physicians' TOT	MOH Trainers	Training Methodology and Adult Learning	Workshop	Interactive/ participatory/ competency-based	TMPP Office/ Training Center	Babil	1	0	17	3	20	6	05-Apr-06	10-Apr-06	Improved MOH capacity to conduct high-quality, state-of-the-art training
						Bagdad	0	1							
						Al Basrah	3	0							
						Al Muthanna	1	0							
						Maysan	3	0							
						An Najaf	3	0							
						At Ta'mim	1	0							
						Thi-Qar	1	0							
						Wasit	2	1							
						Al Qadisiyah	1	0							
Diyala	1	2													
IMCI Case Management	Nurses	IMCI Case Management in preparation for IMCI TOT	Workshop with clinical practicum	Practical, competency-based	TMPP Office/ Training Center and MOH Hospital	Baghdad	8	11	8	11	19	11	08-Dec-05	14-Dec-05	Improved capacity of health care providers to deliver high-quality PHC
IMCI Case Management	Nurses	IMCI Case Management in preparation for IMCI TOT	Workshop with clinical practicum	Practical Competency-based	Al Mansur Hospital/ Training Center	Baghdad Diyala An Najaf Thi-Qar	2 3 3 2	6 3 0 3	10	12	22	6	22-Apr-06	27-Apr-06	Improved case management skills by IMCI providers
IMCI Case Management	Physicians	IMCI Case Management in preparation for IMCI TOT	Workshop with clinical practicum	Practical, competency-based	TMPP Office/ Training Center and MOH Hospital	Baghdad	13	4	13	4	17	15	13-Nov-05	23-Nov-05	Improved case management skills by IMCI providers
IMCI Case Management	Physicians	IMCI Case Management in preparation for IMCI TOT	Workshop with clinical practicum	Practical, competency-based	Al Mansur Hospital/ Training Center	Diyala Thi-Qar An Najaf Baghdad	6 6 1 3	1 0 1 6	16	8	24	11	20-May-06	30-May-06	Improved case management skills by IMCI trainers

Training Course	Audience	Subject	Form	Training Methodology	Training/ Training Center Site	Governorate and District (trainee origins)	Male	Female	No. of Male Trainees	No of Female Trainees	Total No. of Trainees	Training Days Course length	Training Start Date	Training Completion Date	Expected Outcome
Management Training for PHC Center Directors	Center Directors	Management Skills for Primary Health Care Centers	Workshop	Interactive/ participatory	TMPP Office/ Training Center	Baghdad	14	3	14	3	17	7	21-Jan-06	27-Jan-06	Improved management of PHCCs
Management Training for PHC Center Directors	Center Directors	Management Skills for Primary Health Care Centers	Workshop	Interactive/ participatory	TMPP Office/ Training Center	Wasit Karbala An Najaf	4 2 1	1 0 0	7	1	8	6	22-Mar-06	27-Mar-06	Improved management of PHCCs
Management Training for PHC Center Directors	Center Directors	Management Skills for Primary Health Care Centers	Workshop	Interactive/ participatory	TMPP Office/ Training Center	Thi-Qar Al Basrah Maysan	3 2 4	0 0 0	9	0	9	6	28-Mar-06	02-Apr-06	Improved management of PHCCs
Management Training for PHC Center Directors	Center Directors	Management Skills for Primary Health Care Centers	Workshop	Interactive/ participatory	Kempinski Hotel/ Training Center	Salah Ad Din At Ta'mim Ninawa Diyala Baghdad	4 3 2 0 5	1 1 0 1 4	14	7	21	6	19-May-06	24-May-06	Improved management of model PHCCs
Management Training for PHC Center Directors	Center Directors	Management Skills for Primary Health Care Centers	Workshop	Interactive/ participatory	Kempinski Hotel/ Training Center	Salah Ad Din Baghdad	2 10	0 0	12	0	12	6	30-May-06	04-Jun-06	Improved management of model PHCCs
Management Training for PHC Center Directors	Center Directors	Management Skills for Primary Health Care Centers	Workshop	Interactive/ participatory	Kempinski Hotel/ Training Center	Karbala Wasit At Ta'mim Ninawa Diyala Baghdad Al Anbar Salah Ad Din	1 1 0 1 0 2 1 1	0 1 2 0 2 1 0 0	7	6	13	6	28-Jun-06	03-Jul-06	Improved management of model PHCCs

Training Course	Audience	Subject	Form	Training Methodology	Training/ Training Center Site	Governorate and District (trainee origins)	Male	Female	No. of Male Trainees	No of Female Trainees	Total No. of Trainees	Training Days Course length	Training Start Date	Training Completion Date	Expected Outcome
Management Training for PHC Center Directors	Center Directors	Management Skills for Primary Health Care Centers	Workshop	Interactive/ participatory	TMPP Office/ Training Center	Al Basrah Maysan An Najaf Al Qadisiyah Thi-Qar	2 1 1 2 2	0 1 0 0 0	8	1	9	5	04-Nov-06	09-Nov-06	Improved management of PHCCs
Nurses Training in PHC Core Service Delivery, including IMCI	Nurses	Primary Health Care Core Service Delivery Skills, including IMCI	Workshop with clinical practicum	Practical, competency-based	TMPP Office/ Training Center and MOH Hospital	Baghdad	8	11	8	11	19	11	04-Dec-05	07-Dec-05	Improved capacity of health care providers to deliver high-quality PHC
Nurses Training in PHC Core Service Delivery, including IMCI	Nurses	Primary Health Care Core Service Delivery Skills, including IMCI	Workshop with clinical practicum	Practical, competency-based	TMPP Office/ Training Center and MOH Hospital	Baghdad Diyala An Najaf Ninawa Thi-Qar	10 2 4 3 4	13 1 0 2 0	23	16	39	8	04-Nov-06	11-Nov-06	Improved capacity of health care providers to delivery high-quality PHC
Nurses' IMCI TOT	MOH Trainers	Methodology and Curricula to Train Service Providers in IMCI	Workshop with clinical practicum	Practical, competency-based	Kempinski Hotel/ Training Center	Babil Baghdad Diyala An Najaf Thi-Qar	1 1 3 3 2	0 6 3 0 3	10	12	22	9	02-May-06	10-May-06	Improved capacity of health care providers to deliver high-quality PHC
Physicians Training in PHC Core Service Delivery (IMCI)	Physicians	Primary Health Care Core Delivery Skills, including IMCI	Workshop with clinical practicum	Practical, competency-based	TMPP Office/ Training Center and MOH Hospital	Baghdad	13	4	13	4	17	15	09-Nov-05	12-Nov-05	Improved capacity of health care providers to deliver high-quality PHC

Training Course	Audience	Subject	Form	Training Methodology	Training/ Training Center Site	Governorate and District (trainee origins)	Male	Female	No. of Male Trainees	No of Female Trainees	Total No. of Trainees	Training Days Course length	Training Start Date	Training Completion Date	Expected Outcome
Physicians Training in PHC Core Service Delivery (IMCI)	Physicians	Primary Health Care Core Delivery Skills including IMCI	Workshop with clinical practicum	Practical, competency-based	TMPP Office/ Training Center and MOH Hospital	Baghdad	12	14	26	15	41	11	16-Nov-06	26-Nov-06	Improved capacity of health care providers to deliver high-quality PHC
						Al Basrah	5	1							
						An Najaf	2	0							
						Ninawa	3	0							
						Thi-Qar	4	0							
Physicians Core Service Delivery TOT	MOH Trainers	Methodology and Curricula to Train Service Providers in Core Service Delivery	Workshop	Practical, competency-based	TMPP Office/ Training Center	Baghdad	3	1	8	4	12	9	31-Oct-06	08-Nov-06	Improved capacity of providers to deliver high-quality PHC
						Karbala	2	0							
						Maysan	1	1							
						An Najaf	1	1							
						Thi-Qar	1	1							
Physicians' IMCI TOT	MOH Trainers	Methodology and Curricula to Train Service Providers in IMCI	Workshop with clinical practicum	Practical, competency-based	Kempinski Hotel/ Training Center	Thi-Qar	4	0	13	9	22	9	23-Jun-06	01-Jul-06	Improved capacity of providers to deliver high-quality PHC
						Baghdad	2	6							
						An Najaf	6	1							
						Diyala	1	1							
						Ninawa	0	1							
Refresher Nurses' TOT	MOH Trainers	Methodology and Curricula to Train Service Providers in Core Service Delivery and IMCI	Workshop	Practical, competency-based	TMPP Office/ Training Center	Baghdad	2	4	14	6	20	10	23-Sep-05	02-Oct-05	Improved MOH capacity to conduct high-quality, state-of-the-art training
						Dahuk	0	1							
						Al Muthanna	1	0							
						Ninawa	2	0							
						Diyala	1	0							
						Karbala	1	0							
						Babil	1	1							
						An Najaf	1	0							
						Arbil	1	0							
						Al Basrah	1	0							
						Al Qadisiyah	1	0							
						Salah Ad Din	1	0							
						At Ta'mim	1	0							

Training Course	Audience	Subject	Form	Training Methodology	Training/ Training Center Site	Governorate and District (trainee origins)	Male	Female	No. of Male Trainees	No of Female Trainees	Total No. of Trainees	Training Days Course length	Training Start Date	Training Completion Date	Expected Outcome
Refresher Nurses' TOT	MOH Trainers	Methodology and Curricula to Train Service Providers in Core Service Delivery and IMCI	Workshop	Practical, competency-based	Kempinski Hotel/ Training Center	As Sulamaniyah	1	3	13	5	18	8	02-May-06	09-May-06	Improved MOH capacity to conduct high-quality, state-of-the-art training
						At Ta'mim	4	0							
						Salah Ad Din	2	0							
						Ninawa	4	0							
						Diyala	2	2							
Refresher Nurses' TOT	MOH Trainers	Methodology and Curricula to Train Service Providers in Core Service Delivery and IMCI	Workshop	Practical, competency-based	Kempinski Hotel/ Training Center	Karbala	5	0	16	1	17	8	27-May-06	03-Jun-06	Improved MOH capacity to conduct high-quality, state-of-the-art training
						At Ta'mim	0	1							
						An Najaf	2	0							
						Diyala	1	0							
						Ninawa	1	0							
						Baghdad	3	0							
Babil	4	0													
Refresher Nurses' TOT	MOH Trainers	Methodology and Curricula to Train Service Providers in Core Service Delivery and IMCI	Workshop	Practical, competency-based	Kempinski Hotel/ Training Center	Wasit	2	0	13	1	14	8	07-Jul-06	14-Jul-06	Improved MOH capacity to conduct high-quality, state-of-the-art training
						Al Anbar	5	0							
						Baghdad	2	0							
						Babil	3	1							
						Thi-Qar	1	0							
Refresher Physicians' TOT	MOH Trainers	Methodology and Curricula to Train Service Providers in Core Service Delivery and IMCI	Workshop	Practical, competency-based	Sinbad Hotel/ Training Center	Baghdad	4	10	9	11	20	10	23-Sep-05	02-Oct-05	Improved MOH capacity to conduct high-quality, state-of-the-art training
						Ninawa	1	0							
						Maysan	1	0							
						An Najaf	0	1							
						Karbala	2	0							
						Al Basrah	1	0							

Training Course	Audience	Subject	Form	Training Methodology	Training/ Training Center Site	Governorate and District (trainee origins)	Male	Female	No. of Male Trainees	No of Female Trainees	Total No. of Trainees	Training Days Course length	Training Start Date	Training Completion Date	Expected Outcome
Refresher Physicians' TOT	MOH Trainers	Methodology and Curricula to Train Service Providers in Core Service Delivery and IMCI	Workshop	Practical, competency-based	Kempinski Hotel/ Training Center	As Sulamaniyah	2	0	16	3	19	8	02-May-06	09-May-06	Improved MOH capacity to conduct high-quality, state-of-the-art training
						Thi-Qar	1	0							
						Al Basrah	2	0							
						Al Muthanna	1	0							
						Ninawa	1	1							
						Al Anbar	3	0							
						At Ta'mim	1	2							
						Al Qadisiyah	2	0							
Diyala	3	0													
Refresher Physicians' TOT	MOH Trainers	Methodology and Curricula to Train Service Providers in Core Service Delivery and IMCI	Workshop	Practical, competency-based	Kempinski Hotel/ Training Center	Al Basrah	2	1	14	1	15	8	22-Jun-06	29-Jun-06	Improved MOH capacity to conduct high-quality, state-of-the-art training
						Karbala	5	0							
						Maysan	2	0							
						Al Muthanna	1	0							
						An Najaf	1	0							
						Thi-Qar	1	0							
Wasit	2	0													
Refresher Physicians' TOT	MOH Trainers	Methodology and Curricula to Train Service Providers in Core Service Delivery and IMCI	Workshop	Interactive/ participatory/ competency-based	Kempinski Hotel/ Amman, Jordan	Wasit	2	1	16	3	19	8	19-Apr-06	26-Apr-06	Improved MOH capacity to conduct high-quality, state-of-the-art training
						Al Basrah	1	0							
						Baghdad	8	2							
						Karbala	2	0							
						Maysan	1	0							
						Ninawa	1	0							
Al Qadisiyah	1	0													

Training Course	Audience	Subject	Form	Training Methodology	Training/ Training Center Site	Governorate and District (trainee origins)	Male	Female	No. of Male Trainees	No of Female Trainees	Total No. of Trainees	Training Days Course length	Training Start Date	Training Completion Date	Expected Outcome
Service Provider Training in Team Building and Problem-Solving Skills	Physicians Nurses and Medical Assistants	Team Building and Problem Solving	Workshop	Practical, competency-based	TMPP Office/ Training Center	Baghdad	16	5	16	5	21	6	27-Nov-05	02-Dec-05	Improved problem solving and teamwork skills by PHC providers in PHCCs resulting in high-quality PHC
Service Provider Training in Team Building and Problem-Solving Skills	Physicians Nurses and Medical Assistants	Team Building and Problem Solving	Workshop	Practical, competency-based	TMPP Office/ Training Center	Baghdad Thi-Qar An Najaf	3 2 4	3 0 0	9	3	12	6	15-Mar-06	20-Mar-06	Improved problem solving and teamwork skills by PHC providers in PHCCs resulting in high-quality PHC
Team Building and Problem-Solving Skills TOT	Physicians Nurses and Medical Assistants	Team Building and Problem Solving	Workshop	Interactive/ participatory	Kempinski Hotel/ Amman, Jordan	Baghdad An Najaf Thi-Qar	8 4 1	6 0 0	13	6	19	9	17-Apr 06	25-Apr 06	Improved problem solving and teamwork skills by PHC providers in PHCCs resulting in high-quality PHC

Training Course	Audience	Subject	Form	Training Methodology	Training/ Training Center Site	Governorate and District (trainee origins)	Male	Female	No. of Male Trainees	No of Female Trainees	Total No. of Trainees	Training Days Course length	Training Start Date	Training Completion Date	Expected Outcome
Team Building and Problem-Solving Skills TOT	Physicians Nurses and Medical Assistants	Team Building and Problem Solving	Workshop	Practical, competency-based	Kempinski Hotel/ Training Center	At Ta'mim	3	1	11	8	19	9	20-May 06	28-May 06	Improved problem solving and teamwork skills by PHC providers in PHCCs resulting in high-quality PHC
						Salah Ad Din	3	0							
						Ninawa	4	0							
						Baghdad	0	4							
						Diyala	1	3							
Team Building and Problem-Solving Skills TOT	Physicians Nurses and Medical Assistants	Team Building and Problem Solving	Workshop	Practical, competency-based	Kempinski Hotel/ Training Center	Diyala	4	0	15	2	17	9	03-Jul 06	11-Jul 06	Improved problem solving and teamwork skills by PHC providers in PHCCs resulting in high-quality PHC
						Al Basrah	3	0							
						Al Anbar	4	0							
						Wasit	1	2							
						Thi-Qar	3	0							
Team Building and Problem Solving Skills TOT	Physicians Nurses and Medical Assistants	Team Building and Problem Solving	Workshop	Practical, competency-based	TMPP Office/ Training Center	Baghdad	4	2	21	4	25	9	31-Oct-06	08-Nov-06	Improved problem solving and teamwork skills by PHC providers in PHCCs resulting in high-quality PHC
						Al Basrah	4	1							
						Karbala	2	0							
						Maysan	5	0							
						Al Muthanna	1	1							
						An Najaf	1	0							
						Thi-Qar	4	0							

Training Course	Audience	Subject	Form	Training Methodology	Training/ Training Center Site	Governorate and District (trainee origins)	Male	Female	No. of Male Trainees	No of Female Trainees	Total No. of Trainees	Training Days Course length	Training Start Date	Training Completion Date	Expected Outcome
Training of Engineers in Operations and Maintenance	Engineers	Operations and Maintenance of PHC Center equipment	Workshop	Interactive/ participatory	TMPP Office/ Training Center	Baghdad	23	5	23	5	28	5	12-Mar-06	16-Mar-06	Improved operations and maintenance of PHCC equipment
Training of Engineers in Operations and Maintenance	Engineers	Operations and Maintenance of PHC Center equipment	Workshop	Interactive/ participatory	TMPP Office/ Training Center	Baghdad Al Qadisiyah An Najaf Maysan Wasit	2 5 5 1 5	0 0 0 0 0	18	0	18	5	02-Apr-06	06-Apr-06	Improved operations and maintenance of PHCC equipment
Training of Engineers in Operations and Maintenance	Engineers	Operations and Maintenance of PHC Center equipment	Workshop	Interactive/ participatory	TMPP Office/ Training Center	Baghdad Salah Ad Din	5 2	0 0	7	0	7	5	30-Apr-06	04-May-06	Improved operations and maintenance of PHCC equipment
Training of Engineers in Operations and Maintenance	Engineers	Operations and Maintenance of PHC Center equipment	Workshop	Interactive/ participatory	Marriott Hotel/ Training Center	Dahuk At Ta'mim Ninawa Arbil	5 4 2 3	1 1 3 4	14	9	23	5	21-May-06	25-May-06	Improved operations and maintenance of PHCC equipment
Training of Engineers in Operations and Maintenance	Engineers	Operations and Maintenance of PHC Center equipment	Workshop	Interactive/ participatory	Marriott Hotel/ Training Center	Thi-Qar Al Basrah Maysan Al Muthanna	6 7 7 6	0 1 0 1	26	2	28	5	27-May-06	31-May-06	Improved operations and maintenance of PHCC equipment

Training Course	Audience	Subject	Form	Training Methodology	Training/ Training Center Site	Governorate and District (trainee origins)	Male	Female	No. of Male Trainees	No of Female Trainees	Total No. of Trainees	Training Days Course length	Training Start Date	Training Completion Date	Expected Outcome
Training of Engineers in Operations and Maintenance	Engineers	Operations and Maintenance of PHC Center equipment	Workshop	Interactive/ participatory	Marriott Hotel/ Training Center	Karbala Babil Diyala	5 7 4	1 1 1	16	3	19	5	24-Jun 06	28-Jun 06	Improved operations and maintenance of PHCC equipment

Table C-2 TMPP Capacity Building Activities Report

Training Course /workshop	Audience	Subject	Form	Training Methodology	Site/Location	Governorate and District (trainee origins)	Male	Female	Governorate total	No. of Male Trainees	No of Female Trainees	Total No. of Trainees	Training Days Course length	Training Start Date	Training Completion Date	Expected Outcome
National Health Accounts (NHA)	MOH/MOF employees	National Health Accounts (NHA)	Workshop		Kempinski Hotel/ Training Center	Baghdad	22	16	38	37	16	53	4	11-Apr 06	14-Apr 06	Improved financial planning capacity at MOH
						Babil	2	0	2							
						An Najaf	2	0	2							
						Wasit	2	0	2				10	02-Jul 06	11-Jul 06	
						At Ta'mim	2	0	2							
						Ninawa	1	0	1							
						Al Anbar	1	0	1							
						Thi-Qar	1	0	1							
						Karbala	1	0	1							
						Maysan	1	0	1							
Diyala	1	0	1													
Al Muthanna	1	0	1													
Virtual Leadership Development Program/ Iraq II (VLDP)	MOH Managers	Virtual Leadership Development Program/Iraq II (VLDP)	workshop		Marriott Hotel/ Amman	Baghdad	17	14	31	17	14	31	6	22-Apr 06	27-Apr 06	Improved leadership skills of MOH managers
													7	08-Jul 06	14-Jul 06	
Mental Health Study Tour	MOH psychiatrists	Mental Health Study Tour for psychiatrists	workshop		Cairo	Baghdad	4	0	4	4	0	4	6	25-Mar 06	30-Mar 06	Improved understanding of Egyptian Mental Health Program's integration of mental health into PHC

Training Course /workshop	Audience	Subject	Form	Training Methodology	Site/Location	Governorate and District (trainee origins)	Male	Female	Governorate total	No. of Male Trainees	No of Female Trainees	Total No. of Trainees	Training Days Course length	Training Start Date	Training Completion Date	Expected Outcome
Mental Health Study Tour for PHC Physicians	MOH Physicians	Mental Health Study Tour for PHC Physicians	Study Tour		Egypt	Baghdad	1	3	4	7	3	10	8	14-Jul 06	21-Jul 06	Improved understanding of Egyptian Mental Health Program's integration of mental health into PHC
						Thi-Qar	1	0	1							
						Salah Ad Din	1	0	1							
						Babil	1	0	1							
						At Ta'mim	1	0	1							
						Ninawa	1	0	1							
						An Najaf	1	0	1							
Mental Health TOT for social workers	MOH social workers	Mental Health TOT for social workers	Workshop		Egypt	Baghdad	4	3	7	12	3	15	15	7-Jul 06	21-Jul 06	Improved capacity of MOH mental health social workers to train others in mental health service delivery
						Al Basrah	1	0	1							
						Ad Diwaniyah	1	0	1							
						Thi-Qar	1	0	1							
						Babil	1	0	1							
						Diyala	1	0	1							
						Ninawa	1	0	1							
As Sulaymaniyah	1	0	1													
An Najaf	1	0	1													
Communication Course	MOH employees	Communication Course	Training course		Beirut	Baghdad	3	5	8	3	5	8	12	05 Jun 06	16 Jun 06	Improved communication skills of MOH staff
Observational Study Tour to Morocco	MOH employees	Observational Study Tour to Morocco	Study tour		Morocco	Baghdad	3	0	3	12	0	12	14	20-Jun 06	3-Jul 06	Improved understanding of Moroccan experience in PHC, decentralization, health care financing and use of HIS
						Babil	1	0	1							
						Al Basrah	1	0	1							
						An Najaf	1	0	1							
						At Ta'mim	1	0	1							
						Arbil	1	0	1							
						Ninawa	1	0	1							
						Maysan	1	0	1							
						Salah Ad Din	1	0	1							
Al Qadisiyah	1	0	1													

Training Course /workshop	Audience	Subject	Form	Training Methodology	Site/Location	Governorate and District (trainee origins)	Male	Female	Governorate total	No. of Male Trainees	No of Female Trainees	Total No. of Trainees	Training Days Course length	Training Start Date	Training Completion Date	Expected Outcome
PHC Strategy Update Retreat/forum	MOH and MOHE employees	Strategy Update Retreat/Forum	Workshop		Le Royal Hotel/ Amman	Baghdad	10	4	14	17	4	21	6	28-Jun 06	3-Jul 06	Finalized PHC Strategy including essential and expanded services packages
						Al Basrah	1	0	1							
						An Najaf	1	0	1							
						Maysan	1	0	1							
						At Ta'mim	1	0	1							
						Ninawa	1	0	1							
						Salah Ad Din	1	0	1							
						Babil	1	0	1							
District Management Team Training (DMT)	MOH employees	PHC Management at the Sector and District Level	Workshop		Kempinski Hotel/ Training Center	Baghdad	2	1	3	17	7	24	7	03-Jul 06	09-Jul 06	Improved management of PHC at the Sector and District level
						Babil	1	1	2							
						Al Qadisiyah	1	0	1							
						An Najaf	1	0	1							
						Wasit	0	2	2							
						At Ta'mim	1	0	1							
						Ninawa	2	0	2							
						Al Anbar	1	0	1							
						Al Basrah	1	1	2							
						Thi-Qar	1	0	1							
						Salah Ad Din	1	2	3							
						Karbala	2	0	2							
						Maysan	2	0	2							
Diyala	1	0	1													
District Management Team Training (DMT)	MOH employees	PHC Management at the Sector and District Level	Workshop	Interactive/participatory	TMPP Office/ Training Center	Baghdad	10	5	15	10	5	15	3	18-Nov-06	20-Nov-06	Improved management of PHC at the Sector and District level
District Management Team Training (DMT)	MOH employees	PHC Management at the Sector and District Level	Workshop	Interactive/participatory	TMPP Office/ Training Center	Babil	1	0	1	8	1	9	3	21-Nov-06	23-Nov-06	Improved management of PHC at the Sector and District level
						Baghdad	5	1	6							
						Wasit	2	0	2							

Training Course /workshop	Audience	Subject	Form	Training Methodology	Site/Location	Governorate and District (trainee origins)	Male	Female	Governorate total	No. of Male Trainees	No of Female Trainees	Total No. of Trainees	Training Days Course length	Training Start Date	Training Completion Date	Expected Outcome
Computer Simulation Base Triage Training	MOH service providers	Computer Simulation Base Triage Training	Workshop	Computer-based interactive training	TMPP Office	Baghdad	17	7	24	20	8	28	2	02-Jul 06	03-Jul 06	Improved knowledge and skills of service providers in trauma management
						Al Qadisiyah	1	0	1							
						Wasit	1	0	1							
						Babil	1	0	1							
					Karbala	0	1	1				3	05-Jul 06	07-Jul 06		
MDG & Child Survival Observation study tour to India	MOH employees	MDG & Child Survival Observation Study Tour to India	Conference and Observation Study Tour		India	Baghdad	0	2		0	2	2	11	04-Jul 06	14-Jul 06	Improved understanding of MDGs and effective child survival interventions by MOH
Total									146	62	208*					

*This is different from the projected total from the capacity-building schedules shared earlier, because the Engineers' Maintenance Training is included in the monthly training report table.