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USAID/PRIMARY HEALTH CARE PROJECT IN IRAQ (USAID/PHCPI)

**Quarterly Progress Report- FY13 Quarter 1
October 01- December 31, 2012**

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ACRONYMS

CDC	Communicable Diseases Control	MoHE	Ministry of Higher Education
COP	Chief of Party	MOP	Ministry of Planning
BCC	Behavior Change Communication	MOU	Memorandum of Understanding
CDD	Control of Diarrheal Diseases	MR	Medical Records
CHP	Community Health Partnership	MSI	Management Systems International
DCOP	Deputy Chief of Party	NCD	Non-Communicable Disease
DG	Director General	NGO	Non-Governmental Organizations
DOH	Directorates of Health	PHC	Primary Health Care
EHIS	Electronic Health Information System	PHCC	Primary Health Care Center
EmONC	Emergency Obstetrics and Newborn Care	PHCPI	Primary Health Care Project in Iraq
FGD	Focus Group Discussions	QAIC	Quality Assurance and Improvement Committee
GOI	Government of Iraq	QI	Quality Improvement
HBB	Helping Babies Breathe	RFA	Request for Application
HMIS	Health Management Information	SOP	Standard Operating Procedures

	System		
HR	Human Resource	SWOT	Strengths, Weaknesses, Opportunities, and Threats
HRTDC	Human Resource Training and Development Center	TAG	Technical Advisory Group
HVP	Health Visitor Program	TOR	Terms of Reference
IDPs	Internally Displaced Persons	TOT	Training of Trainers
IG	Inspector General	TWG	Technical Working Group
IMCI	Integrated Management of Childhood Illness	UNDAF	United Nations Development Assistance Framework
KRG	Kurdistan Regional Governorate	UNFPA	United Nations Population Fund
L&M	leadership and Management	UNICEF	The United Nations Children's Fund
LHC	Local Health Committees	URC	University Research Co., LLC
MDGs	Millennium Developmental Goals	USAID	United States Agency for International Development
MOF	Ministry of Finance	WHO	World Health Organization
MoH	Ministry of Health		

EXECUTIVE SUMMARY

The United States Agency for International Development (USAID)-funded Primary Health Care Project in Iraq (PHCPI) is being implemented by University Research Co., LLC (URC) and its subcontractor Management Systems International (MSI), to help the Iraqi Ministry of Health (MoH) put in place key building blocks critical to creating functional health services at community and facility levels. This report details the activities implemented during the first quarter of fiscal year 2013 (FY13 Q1 – October 1, 2012 – December 31, 2012). Main accomplishments achieved during this period include:

Component 1: Supportive Management Systems and Processes for Primary Health Care

1. Conducted the fifth Technical Advisory Group (TAG) Meeting.
2. Rolled out training on the PHC Management Handbook in 11 provinces.
3. Conducted 14 training courses on Standard Operating Procedures (SOP) for PHC Facility and Equipment Maintenance Management.
4. Conducted seven training courses in PHC Leadership and Management.
5. Finalized the revised Medical Records System.
6. Conducted three training of trainer (TOT) workshops on the new integrated medical records system.
7. Conducted three on-job training courses to train PHC staff on the modified medical records system.

Component 2: Delivery of Evidence-Based, Quality Primary Health Care Services

1. Finalized guideline and conducted one TOT training course on the updated Integrated Management of Childhood Illness (IMCI) guidelines for physicians.
2. Conducted 16 training courses on the updated Non-Communicable Disease (NCD) guidelines.
3. Developed a training curriculum for the Early Management and Life Support of Trauma Patients in Primary Health Care Clinics.
4. Conducted one TOT training course on the updated Trauma guideline.
5. Conducted TOT and rollout training courses on the updated Communicable Disease Control (CDC) guidelines.
6. Conducted three TOT workshops and 26 rollout courses on PHC Infection Prevention and Waste Management.
7. Finalized the updated clinical guideline on Obesity.
8. Developed implementation plan for a pilot study of the referral system in 20 PHC centers in four provinces.

Component 3: Community Partnerships for Primary Health Care

1. Developed four poster designs of promotional materials for Patients' Rights.
2. Established 344 local health committees (LHCs) associated with 344 target clinics.
3. Developed operational guidelines for the newly-established LHCs.
4. Developed a training curriculum for LHC members.
5. Conducted three training on the Community Health Partnership (CHP) Handbook.

INTRODUCTION

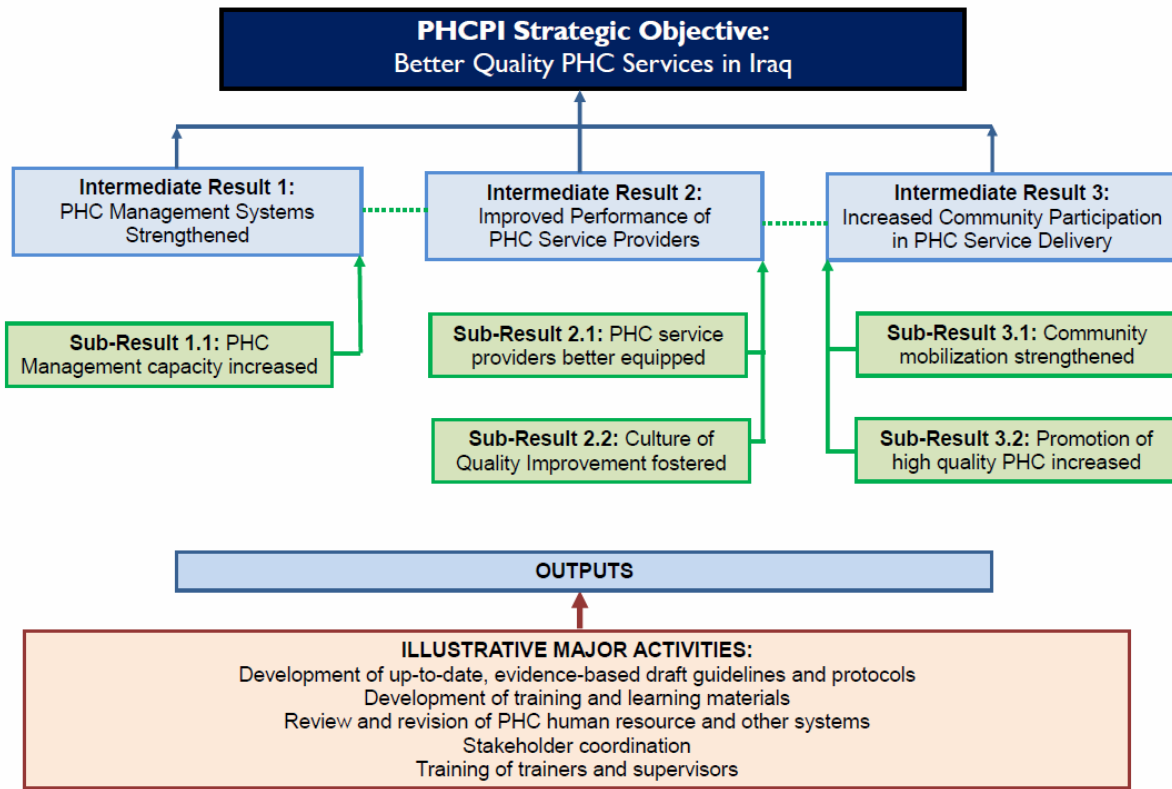
The health status of the Iraqi people has significantly declined over the past two decades. The under-five mortality rate is now 44 per 1000 live births, with the majority of these children dying from pneumonia, diarrheal disease, and premature birth.¹ Child malnutrition has increased steadily, with incidence of low birth weight exceeding 10%. Maternal mortality rates have increased to 84 per 100,000 live births as access to quality antenatal and safe delivery services has declined.² As the country moves forward with stabilization and reform, ensuring access to routine, high quality, and equitable healthcare has emerged as a critical need and the Government of Iraq (GoI) has responded by renewing its commitment to improving the quality of primary health care (PHC) services.

USAID/PHCPI Project Objectives: USAID/PHCPI has been designed to provide support to the Iraqi MoH to achieve its strategic goal of better health for all Iraqis. This aim is being achieved through the following project objectives: 1) strengthening health systems; 2) strengthening clinical skills; and 3) building community partnerships. The project interventions are designed to help Iraq meet its Millennium Development Goals (MDGs) for health. Figure 1 below provides an overview of the expected results of the project. USAID/PHCPI is assisting the MoH/DoHs to develop and implement supportive supervision systems to help providers at lower levels to begin using new guidelines. The project will also support the MoH and DoHs in conducting periodic compliance audits to ensure that both managers and service providers are utilizing the updated management and clinical guidelines and protocols. Results of these compliance audits will be used to further update the management and clinical procedures to improve access to and demand for equitable, efficient, and effective, quality PHC services.

¹ WHO. Iraq health profile, 2009. <http://www.who.int/gho/countries/irq.pdf>.

² The above indicators were taken from the Iraqi Ministry of Health Annual Report, 2010 and MoH Statistics records 2010.

Figure 1: Updated PHCPI Results Framework



QUARTERLY PROGRESS BY TECHNICAL COMPONENT AREA

Component 1: Supportive Management Systems and Processes For Primary Health Care

The objective of USAID/PHCPI under Component 1 is to strengthen the management of PHC service delivery in Iraq. Management and governance systems will provide the underpinning of the work to build more accessible and sustainable quality health services. The project is working to help MoH design and/or update policies and systems to improve performance and promote good management for quality care.

1.1 Support a National Technical Advisory Group (TAG)

PHCPI held the fifth TAG meeting on November 27, 2012. The meeting was chaired by the MoH DG of Public Health Directorate, Dr. Hassan Baqer, and attended by 13 members – including two new members representing the Ministry of Women and the Ministry of Human Rights. The MoH continues to view TAG meetings as an effective mechanism for partner collaboration and as a platform to review PHCPI achievements to date and to provide guidance moving forward. The DG highlighted the cost sharing process which reflects the maturing partnership between MoH and PHCPI, and confirmed the emerging capabilities of the MoH to carry out its responsibilities in maintaining quality services and rehabilitating PHC clinics periodically as needed. The fifth TAG meeting concluded with the following recommendations: 1) Award credit hours to PHCPI trainees as part of the Ministry's Continuing Medical Education (CME) Program; 2) Adopt the topics for the Year 3 clinical guidelines to include: Family Health Approach (FHA), Mental Health, School Health, Multi Drug Resistance (MDR) Cases of TB, and Essential Iraqi Drugs List; and 3) Select 2 of the following 3 suggested research topics as focus of PHCPI Year 3 research activities: Effectiveness of early detection of diabetes and hypertension program implemented at the PHCC level; Evaluation of ANC services program in PHCC; and Evaluation of infection prevention control in PHC settings.



The TAG Rapporteur briefed the attendees on the operational researches conducted by PHCPI

1.2 PHC Management Handbook

USAID/PHCPI and MoH TOTs continued roll-out of the PHC Management Handbook training program in the provinces. During this quarter, 11 PHC Management Handbook training courses were rolled out by MoH trained facilitators who completed the TOT training courses conducted by PHCPI. A total of 284 participants attended the courses including district, DoH, and PHC facility managers. The training courses covered the following topics: organization and leadership, client clinical care, clinic safety, clinic support service, operational management, facility and equipment management, management of information, community participation, and quality improvement. The

courses focused on increasing knowledge and skills, coaching participants on training needs assessments, planning training programs, and applying various levels and methods for training evaluation. Participants were requested to return back to their directorates and apply the new skills and knowledge.

1.2a Maintenance Management of PHC Facility and Equipment

PHCPI continued roll out the PHC Facility and Equipment Maintenance Management training program in the provinces. Fourteen rollout training courses on the Standard Operating Procedures (SOP) for PHC Facility and Equipment Maintenance Management were conducted by MoH-trained facilitators. The purpose of this training is to improve the quality of health services provided by PHC centers through creating standard policies for maintaining health facilities and equipment in the PHC centers. A total of 346 participants attended the courses including senior engineers, medical staff and technicians. The training courses covered the following topics: Grounds and Buildings; Medical Equipment and Service; Health and Occupational Safety; Hygiene and Cleanliness; Linen and Laundry; and Waste Management. Participants are expected to apply the new skills and knowledge at their PHC centers and districts.



1.3 Leadership and Management Training Program

PHCPI and MoH TOTs conducted seven rollout training courses on PHC Leadership and Management in the provinces. A total of 174 participants attended the training courses, including managers from the PHC clinics, districts and DoHs. The training courses covered the following five modules: 1) Important concepts of management and leadership; 2) Interpersonal communications; 3) Teamwork at PHC facilities; 4) A system's approach to district/PHC facility management; and 5) Important management themes in health care. The training focused on the development of practical knowledge and skills for utilization directly by participants at their workplaces, which will contribute to improving the quality of health services at the district and PHC facility levels.



1.4 PHC Patient Records System

In close coordination with the MoH Medical Records (MR) Technical Working Group (TWG), the PHCPI finalized the development of the revised MR System during this quarter. PHCPI finalized the MR training curriculum to reflect the recommendations suggested by the PHC staff during the



TOT of Medical Records System in Naiaf

last TOT workshop. PHCPI also worked on finalizing the trainee guideline, which is designed to help trainers: 1) understand the purpose of each MR form, 2) identify the responsibility and the role of the PHC staff in using the records, and 3) assist them in filling the records according to the instructions. The MoH has allocated \$2.5 million to print the updated medical records for the 360 PHCCs as part of their cost-share contribution. The MoH intends to disseminate the new MR system to all PHCCs in Iraq in 2013. The printed forms will be distributed to the clinics once printed by the

MoH. This distribution is expected to occur in FY13Q2.

PHCPI conducted three TOT workshops on the MR System in Baghdad/Karkh, Rusafa and Najaf Directorates of Health (DOH) this quarter. A total of 65 participants attended the workshops including MoH physicians, laboratory managers, and statisticians. Trainers presented the new modified MR formats and followed an active discussion about the forms. The workshops included discussions on the management of the MR forms, mechanisms for disseminating the new MR system, and roll out plans to cover the 360 PHCCs under the project. Participants were coached on how to fill these records, and were also trained on the knowledge and skills of adult learning together with the methods for determining training needs, training planning, and evaluation to enable them train their peers at the level of their PHCCs. Participants received hard and soft copies of all presented material which will be utilized to roll out training in all provinces and PHCCs.

In cooperation with MoH facilitators, PHCPI conducted three on-job training courses to train PHC staff on the modified medical records. Sixty-four (64) participants attended the course in Erbil and Duhok, including medical staff and statisticians. At the end of the training course participants demonstrated an understanding of the concepts of the modified MR and how to manage the MR in the PHCC. It is expected that these new records/ forms will be introduced for the daily practices of the PHCCs upon receiving the completed printed records from the MoH.



Rollout of Medical Records System in Kirkuk

Human Resource Management: PHCPI conducted two workshops this quarter to discuss the PHC Human Resource (HR) management system and organization structure. The two sessions were attended by 30 participants representing the MoH Planning Directorate, District Managers, Inspector General Office, Director of PHC Department, Human Resource Training and Development Center (HRTDC) and the Directors of Karkh and Rusafa DoHs. The group discussed the HR system, and the organizational structures of the PHC Center and PHC District, in addition to the PHC staffing and distribution. The group suggested some changes to be made on the district structure to make it more compatible with the newly-developed PHCC structure and staffing. By

the end of the two workshops, the group finalized the organization structures of the PHCC and district and agreed to send them to MoH for further approval. PHCPI, in coordination with the MoH HR Technical Working Group, will work on developing the new job descriptions of the PHCC staff according to the new structures in the coming quarter.

Component 2: Delivery of Evidence-Based, Quality PHC Services

The USAID/PHCPI strategic approach builds on the common elements recently identified through an analysis of QI models. In brief, the approach will develop a quality clinical care system that features: 1) community involvement; 2) compliance with evidence-based standards of care; 3) use of facility QI teams in combination with supportive supervision provided by prepared district/provincial coaches/Quality Coordinators; and 4) ongoing monitoring and tracking of key PHC performance indicators. One of the most important steps in improving the delivery of PHC services in Iraq will be the use of standard PHC treatment protocols and related tools. Standard protocols increase the quality of care by reducing variability in approach and ensuring all providers deliver treatment in accordance with international best practices.

2.1 National Primary Health Care Standards

2.1.1 Year One Developed Guidelines

Integrated Management of Childhood Illnesses (IMCI) for nurses

In December 2012, PHCPI conducted a seven-day rollout IMCI training course for nurses and paramedics working in PHC clinics. The training course was conducted in Najaf province by six MoH trained facilitators with a total of 29 participants from 19 PHC centers. The workshop focused on the updated materials of IMCI and covered the following key topics: classification of childhood illnesses, active personal communication, diarrhea management in children, respiratory tract diseases, nutrition and development in children during health and illness, immunization, and the role of nursing staff in the management of childhood illnesses. The PHCPI PHC coordinator and the DoH facilitators will follow up on the application of the IMCI guidelines in the PHCC through supervisory visits to the trainees' home clinics.



TOT on IMCI for Physicians -Erbil

Non-communicable diseases (NCD)

This quarter, PHCPI conducted 16 rollout training courses on the updated NCD guidelines (asthma, diabetes, and hypertension). A total of 333 participants from 197 PHC centers attended the workshops, including family medicine and internal medicine specialized doctors and participants from DoH NCD sections. The first two days of each training course covered the hypertension guideline that included: an introduction to hypertension, types and classification of hypertension, management of patients with hypertension and life style modification. Two training days covered the guidelines of management of diabetes and metabolic syndrome, as well as asthma. The last day focused on how to apply the acquired knowledge inside the PHCCs for each of the three topics. The participants were also trained on identifying the diseases signs and symptoms, how to diagnose patients with those diseases, approach for their management, how to ensure a prompt follow up, and early detection of complications and when to refer them to secondary health care service provider. Participants are expected to apply these standards at the PHCCs level.



Poly-Trauma

PHCPI developed a training curriculum for the Early Management and Life Support of Trauma Patients in Primary Health Care Clinics during this quarter. PHCPI conducted a five-day curriculum development workshop for the Trauma Guideline in October 2012. Ten participants representing different MoH counterparts including Human Resources Training and Development Center (HRTDC), Operations Department, Emergency Care specialists and representative from Baghdad Karkh DoH. Each chapter of the Trauma guideline was discussed in detail by the attendees in addition to the best way to implement the guideline. By the end of the workshop, the training curriculum and the participants guide for Trauma patients were designed and finalized.



Following the curriculum development, PHCPI conducted a TOT training course on the updated trauma guideline in November 2012. Nineteen participants attended the course, including senior medical and paramedical staff from Baghdad, Maysan, Ninawa, and Najaf. Participants were trained on the knowledge and skills of adult learning together with the methods for determining training needs, training planning and evaluation. A series of micro sessions were conducted by all participants and covered the key topics of the guideline. Participants are expected to rollout the

Poly Trauma at the provinces and train physicians and paramedical staff working in the targeted PHC Centers on the updated guideline. PHCPI is planning to implement additional three TOT workshops next quarter in the regional offices of Baghdad, Maysan, and Erbil.

Communicable Disease Control (CDC)

PHCPI conducted a five-day CDC curriculum development workshop in October 2012. Twelve participants, including Master trainers from MoH Human Recourse Training and Development Center (HRTDC), PHC Trainers, and staff members from MoH CDC Section attended this workshop. The participants worked on designing a CDC training curriculum for physicians working in the PHC centers based on the existing MoH CDC guideline. The workshop provided participants with the opportunity to update their knowledge and skills and become effective members of PHCC teams to improve the quality of care and services.

PHCPI held a 10-day TOT training course on the updated CDC guideline in November 2012. The course was attended by 18 participants including MoH master trainer and representatives from the CDC sections in Baghdad, Maysan, Ninawa and Najaf. Participants were trained on the knowledge and skills of adult learning together with the methods for determining training needs, training planning and evaluation. The guideline covered the diseases that are currently included in the Iraq surveillance system. These diseases are broken down into three main groups: Immediate Notification Diseases, Weekly Reported Diseases, and Monthly Reported Diseases. A series of micro sessions were conducted by the participants and covered the following key topics: Identification of the disease, Infectious agent, Occurrence, Reservoir, Mode of Transmission, Incubation Period, Period of Communicability, Susceptibility and resistance, Methods of Control, and Management of the disease, including treatment, case and contact management.

PHCPI held a rollout training course on the updated guideline of CDC in Ninawa in December 2012. The course was attended by 23 participants including medical and paramedical staff from 16 PHC centers. Participants were trained to classify the diseases according to the Iraqi Surveillance System to three categories including: immediate, weekly and monthly notification diseases. The training covered the following key topics: Identification of the disease, Infectious Agent, Occurrence, Reservoir, Mode of Transmission, Incubation Period, Period of Communicability, Susceptibility and resistance, Methods of Control, and Management of the disease, including treatment, case and contact management. Participants were requested to return back to their directorates and apply the new skills and knowledge.

Infection Prevention and Waste Management Training

USAID/PHCPI conducted three 10-day TOT workshops on the PHC Infection Prevention and Waste Management Training at the PHCPI Regional Offices in Baghdad, Maysan, and Erbil during this quarter. A total of 67 participants attended the workshops including physicians, and paramedical staff who are involved in the infection prevention at the primary health care centers within the 18 provinces. The workshops included discussion on the guideline key topics of: Infection control practices, prevention of needle-stick/sharp injuries and client preparation prior to clinical procedure, care of healthcare workers, healthcare waste management, infection control precautions for selected situations, and infection control precautions in selected areas. The trainers were prepared to use different adult-learning methodologies in their training including mini-lectures, questions and answers, discussions, and demonstration with checklists.

Following the TOT courses, PHCPI conducted 26 rollout training courses with a total of 592



Infection Prevention and Waste Management Rollout in Wasit

participants, including doctors, medical staff, technicians and paramedical assistants from the project's target clinics. The courses covered the following topics: Introduction to Infection Prevention and Control, Hand Washing and Gloving, Antiseptics, Aseptic Technique and Client Preparation prior to Clinical Procedure, Instrument Processing, Environmental Cleaning and Waste Disposal. At the end of the workshop participants were able to outline the pathogenesis of infection, identify the risk factors and modes of transmission for common communicable diseases, understand application of standard precautions for care of all patients and review the elements of a health facility's infection control plan including the team

responsible for infection prevention and waste management. This training is considered one of the most important areas of improving the quality of care at the PHCCs.

2.1.2 Year Two Developed Guidelines

IMCI for physicians

PHCPI conducted a seven-day TOT training course on the updated IMCI guidelines for physicians working in PHC clinics. A total of 35 participants attended the course including pediatricians, family medicine specialized doctors, and general practitioners doctors from Kirkuk, Diyala, Erbil, Ninawa, Salah Ad Din, Sulaimaniyah and Duhok. The IMCI workshop included topics on the management of acute respiratory infection (ARI), control of diarrheal disease, nutrition and growth monitoring, breastfeeding, feeding problems and complementary foods, immunizations, and communication and counseling. Participants are expected to rollout training on the IMCI guidelines to physicians working in the targeted PHC centers.

Menopause

PHCPI held several meetings with members from MoH and MoHE Menopause TWG) to discuss the guideline for caring of women with menopause and osteoporosis. The meetings discussed the tasks achieved by each member with a revision of all sections and all the scientific content of the guideline. The meeting also discussed the guideline topics of: symptoms of menopause, osteoporosis, and cardiovascular diseases related menopause, examination and investigations, medication: symptomatic, replacement, prevention of complications, and contraception at the perimenopause, menopause and malignancies. The guideline will be finalized and the training curriculum developed during the upcoming quarter.

Breast and Cervical Cancer

PHCPI held several meetings with the MoH Breast and Cervical Cancer TWG. Participants discussed the main outline and the sub topics to be included in the breast and cervical cancer guidelines. The MoH and MoHE representatives shared their experience and elaborated the current situation of breast and cervical services being provided and strategized how to improve the quality

and dimensions of services provision and to ensure better outcomes and rely on evidence-based materials. A draft guideline is expected to be completed within the upcoming quarter.

Maternal and Child Nutrition

PHCPI held several meetings this quarter with the Maternal and Child Nutrition TWG to discuss the topics to be included in the guideline. Participants decided to divide the work into three sections: Breastfeeding, Maternal Nutrition, and Complementary feeding of children. Each section deals with providing the information about advice and counseling related to that part in addition to the probable problems and situation that may affect the proper feeding. The group discussed the possible treatment that could be provided at the PHC Centers for anemia and vitamin A or D deficiency, and indications for referral. The TWG agreed to add information concerning the prevalence of different types of nutritional deficiencies in Iraq among the target population such as iron deficiency anemia, under-five malnutrition and stunting, and vitamin A deficiency. A follow up meeting is planned to be conducted to determine the progress made by each member and integrated the final feedback into the final version of the guideline.



Field Visit to one of the PHCCs in Rusafa DOH

Laboratory Standards

PHCPI identified the membership of the laboratory standards guidelines TWG this quarter. The PHCPI held two meetings with participants from the MoH PHC department, and the laboratories sections of Baghdad/Karkh and Rusafa DOHs. The meeting ended with an agreement on the topics that will be included in the guideline. The final draft of the guideline was completed at the end of the reporting period.

Premarital Counseling

Four meetings were held with the MoH TWG for the Premarital Counseling Guideline. The guideline key topics were identified by the group to include: introduction to the guideline, its goals and its target group, active interpersonal communication and its role in counseling, premarital clinical examination and investigations, communication between couples, family planning, reproductive health and sexual health. The TWG recommended adding a chapter addressing the way of active counseling and interactive communication that the physicians and paramedics should follow during their meetings with couples. Specific tasks were assigned to each member to finalize the draft and several changes were suggested to make the guideline more applicable for PHCC staff.

Obesity

PHCPI finalized the development of the Obesity Clinical Guideline in coordination with the MoH TWG this quarter. The group finalized the guideline by reviewing its contents and incorporating minor changes, the annexes were discussed in depth to include more details about the optimal diet and calories for the common items, explanation of bariatric surgery, growth charts and the body mass index (BMI) charts for children were also included. A performance checklist was developed and finalized to assure effective evaluation of the guideline application by health care providers. The TWG suggested distributing the guideline to the members and communicating with them to agree

on future plans regarding implementing the guideline. It is planned to develop a training curriculum for the guideline and implement TOT courses at the provinces to distribute the guideline in PHC Centers in coordination with the TWG committee during the coming quarter.

Nursing Standards

The guideline for nursing standards has been finalized. PHCPI will develop a training curriculum and begin TOT training on nursing standards in FY13Q2.

2.2 PHC Quality Improvement (QI) Program

USAID/PHCPI worked this quarter to disseminate the concept of quality improvement (QI) to its partners within the MoH. The MoH has issued a directive that a QI team be formed at each of the target PHCCs. PHCC QI teams will be trained by PHCPI on the QI Handbook and on how to apply QI concepts within their individual facilities. Feedback from QI teams will be continually discussed and shared among the clinics to reach the best results.

2.4 PHC In-Service Training Program

Supportive supervision

The MoH, in partnership with PHCPI, has established supervisory coordinators at the district and PHC clinic level to be the focal points for PHCPI activities in this area. During FY13Q2, PHCPI will begin training these supervisory coordinators on the supportive supervision materials developed by the project in Year 1.

Referral System

PHCPI developed a plan this period to implement the pilot study of the referral system in 20 PHC centers and four provinces. PHCPI held several meetings with MoH to discuss the content of Referral System guideline and develop a timetable for Referral system pilot testing. A timetable was developed to implement the pilot of the referral system in 6 hospitals and 20 PHC center within four provinces of Baghdad, Najaf, Basrah, and Ninawa. Another meeting was held and discussed the preparations that were done on the DoH level to implement the pilot of the referral, including buying the equipment, conducting meeting in each DoH with the Director General of each DoH and the involved district, hospital and clinics managers, preparing the needed human resources, starting educating the population by using local radio station in Najaf and printing a brochures and distribute it to the catchment area within the involved clinics.

2.5 PHC Research Agenda

After finalizing the two research studies conducted in FY2012 (Evaluation of Maternal Mortality Reporting and Evaluation of the Maysan Health Visitor Program), during this quarter PHCPI discussed with the MoH the selection of the two PHC research topics to be studied in FY2013. The PHCPI hosted a meeting with nine participants representing the MoH Research Committee, MoHE, Medical Civil Organizations, in addition to members from the Human Resource Training and Development Center (HRTDC). The group agreed to finalize the selection of two research topics and discuss that in the upcoming TAG meeting. Final selection of research topics and development of study questionnaires is expected in FY13Q2.

2.6 Model Clinics

In September 2011, the USAID/Primary Health Care Project in Iraq (PHCPI) implemented a nationwide baseline assessment to determine how best to support future improvements in the PHC system. This assessment revealed a series of deficiencies at the PHC clinic level. On November 18, 2012 USAID/Iraq approved a proposal submitted by University Research Co., LLC (URC), PHCPI's lead implementing partner, to expand project activities to include the refurbishment and rehabilitation of 36 PHC clinics among the 360 target clinics currently supported by the project.

The aim of this initiative is to provide these clinics with the essential standard equipment to raise the level of care to meet international standards and ultimately improve the quality of PHC services in Iraq. These 36 clinics (two in each of Iraq's 18 provinces) will serve as model clinics for Iraq, and will set the standard for future Government of Iraq (GoI) Ministry of Health (MoH) investment and upgrade of its remaining PHC clinics.

PHCPI finalized the list of equipment that would be procured under the project and issued an RFQ to subcontract with a vendor to procure and deliver the specified equipment. PHCPI received three bids and, after further negotiation, selected the leading bidder and submitted to USAID for their review and approval. PHCPI expects to receive USAID consent to subcontract for the model procurement in FY13Q2, after which equipment procurement and delivery to the model clinics can begin.

PHCPI PHC Services Coordinators and Regional Directors are also planning more frequent supervisory visits to the model clinics in FY13Q2 to oversee the procurement as well as the ensure impact of all PHCPI capacity building activities within these clinics.

These model clinics will be fully furnished with all of the required medical equipment to both deliver the essential services outlined in the WHO's Basic Health Services Package for Iraq, as well as to apply the newly-acquired knowledge and skills that staff at these PHC clinics have obtained through PHCPI training and capacity-building activities.

MODEL CLINICS SELECTION

The final list of model clinics to be upgraded by USAID/PHCPI was selected by the MoH in consultation with the 19 Directorates of Health (DoH) participating in the project. Thirty-eight (38) clinics were chosen, including two alternates (one from Baghdad-Karkh and one from Baghdad-Rusafa), in the event that one of the 36 clinics becomes unavailable or if there is remaining funding). Criteria for selection of clinics included:

- PHC centers using the family medicine approach;
- PHC centers using the integrated management of childhood illness (IMCI) approach;
- PHC centers with a training hall that can be used for further staff and community development;
- PHC centers using an electronic health system or operating a health visitor program.
- PHC centers which were previously targeted under other USAID projects.

Component 3: Community Partnerships for PHC

The third major component of the project is based on the realization that increasing community involvement and understanding is critical to improving the quality of PHC services. USAID/PHCPI is working to improve the demand for and quality of health care service by supporting community and clinic partnerships in health service planning and implementation in align with the MoH's Five Year Strategic Plan. This underscores community participation in healthcare services as a means to expand access and reduce morbidity and mortality. USAID/PHCPI is engaging stakeholders throughout the healthcare community to strengthen community level demand for and utilization of quality PHC services. To have acceptable and sustainable quality health services, strong relationships with clinics and communities including IDPs will be promoted.

3.1 National Statement of Patient's Rights

Four poster designs of Patient Rights promotional materials were created and finalized in collaboration with MoH. Five hundred thousand (500,000) brochures and 20,000 copies of the four posters are being printed and distributed to the PHCCs covered by the PHCPI.

Based on MoH official letter No.12/1182 dated 10/24/2012, which stated the Ministry's approval on disseminating the Patients' Rights Statement, the Communication and Media team began conducting workshops designed to disseminate the Patient's Rights Statements to the project's target clinics. Health Promotion and Media Departments in the provinces will undertake this assignment for PHCPI target PHCCs. To date, workshops covered the provinces of Baghdad, Najaf, Diwaniyah, Maysan, Erbil, Sulaimaniyah and Duhok. Workshops included participants from the media, health promotion, community health initiatives and quality assurance departments on the central and provincial levels. Documents, IEC materials and CDs related to the subject matter were distributed to participants.



Poster designs for the Patient Rights

3.2 Community Health Partnerships for PHC

In collaboration with MoH, PHCPI created an operational guideline for the newly-established local health committees (LHCs). The operational guideline was developed in Arabic as a result of discussions during training workshops, feedback and comments from LHC members, past Iraqi experience involving community in health services, and experience from other countries. The operational guidelines included topics such as: the definition of community partnerships, importance of community partnerships, experience of international organizations, role of LHCs,



Local Health Committee Meeting in one of the PHC centers in Erbil

membership, interaction between the community and PHCC, coordination with other governmental and non-governmental organizations, client satisfaction and coordination with local and public media. It is important to note that the Kurdistan Ministry of Health (KMoH) bought into the guideline and is enthusiastic about adapting it for the Kurdish region as well as doing the Kurdish translation.

PHCPI in collaboration with the training unit and MoH, developed a training curriculum for LHC members. The training is ending to qualify LHC members to undertake their intended role. The curriculum included topics on leadership and management, interpersonal communication, team work, problem solving and planning and management for LHC activities. During this quarter, two ToT workshops were conducted to train trainers from the provinces of Baghdad, Najaf, Salah ad Din, Maysan, Basrah, Muthanna, Dhi-Qar, and Diwaniyah. 52 trainers received the training 36 males and 16 females.

PHCPI conducted three rollout training courses on the CHP Handbook. The courses were conducted in Kirkuk, Erbil and Sulaimaniyah and attended by a total of 76 participants from PHC centers, including the Managers of Health Promotion Units in all PHC Centers, and the Managers of targeted PHC Centers. The purpose of this training is to strengthen the community participation in making the health facility decisions and to reactivate LHC to enforce its role in each PHC Center. Participants discussed several topics including: concept of community health partnership and health promotion; health difficulties, problems solving and priorities; health programs and role of media; health promotion tools; creation of LHCs and regulations; selection criteria of the LHC members and their scope of work; and future plan, duties and responsibilities of the LHC inside the PHCC. The PHCPI regional coordinators conducted field visits to evaluate the CHP rollout training and follow up on the establishment of each LHC within the target PHCCs.

3.2.1 Support Behavior Change Communication (BCC)

With approval of PHCPI's contract modification by USAID in November 2012, the project was able to accelerate implementation of its BCC activities. PHCPI developed a market research RFP which will be published in January 2013. The upcoming market research is part of the intended promotional campaign planned to take place during May 2013. The campaign aims at the promotion of the PHCCs and the improvement of health service utilization by the target population.

In a later stage, an art production company will be hired to produce the IEC materials to be used in the promotional campaign. The scope of work and RFP for the recruitment of the art production company is drafted and is being finalized.

PHCPI is also planning a campaign on dental health and oral hygiene. This campaign is taking place as part of PHCPI efforts in establishing public-private partnerships. The campaign will target primary school children which are served by 20 PHCCs selected in four provinces. The campaign is supported by Unilever and approved by both MoH and K MoH. The BCC campaign is expected to take place in the second half of February 2013.

PHCPI Collaboration on other MoH Priority Issues

MoH Cost Share Funds

PHCPI held several meetings with MoH senior officials to discuss and develop the plan for upgrading the remainder of the 360 PHCCs targeted by PHCPI to meet the model clinic standard. The meetings were attended by a joint team from the MoH and PHCPI representing the MoH cost-share committee. The committee worked in close collaboration with PHCPI to decide on prioritizing the needs of PHCCs. The committee convened several times in both the MoH and PHCPI facility and decided to give priority for the: purchase medical equipment and furniture for PHCCs, printing the new medical record system and printing IEC/ promotional materials. In addition, the committee decided to support PHCCs renovations in the upcoming years. The MoH is planning to spend \$14 million on medical equipment and furniture, printing the new medical records for PHCPI 360 PHCCs, and for IEC materials. The MoH has issued several official letters and orders to form committees for follow up on the spending mechanism of each of the areas above that were prioritized by the ministry. A Request for Quote (RFQ) was issued by the ministry to supply the necessary equipment, furniture and materials. In addition, PHCPI worked with MoH to identify the equipment needed to be upgraded to the model standard. Meetings were held with MoH staff representing the committee working on the clinics renovation. The meetings discussed the initial results of the medical equipment mini-assessment and instrument and furniture needed to upgrade the 360 clinics. Initial results of the mini-assessment survey were discussed including the number of each equipment, instrument, or furniture needed to each clinic with an estimated cost for each item.

Basra National Exhibition

PHCPI participated in the Basra National Exhibition that was held in Basra during the period December 16-19, 2012. Participants included: USAID South Regional Development Advisor, USAID Public Diplomacy Office, USAID Economic Department, USAID Communication Department, UNICEF, Basrah Deputy Governor, Egyptian Consul, Turkish Consul, DG and Deputy DG of Basra Director orate, Manager of Public Health Director Department, Ministry of Industry, and Local NGOs. PHCPI team briefed the visitors on the PHCPI concept, components, goals and mutual activities and achievements fulfilled with the Iraqi MoH. The team presented a movie showed the PHCPI accomplishments, the MOU signed with the MoH in Baghdad and KMoH in Erbil, project success stories, guidelines and training manuals. The PHCPI team distributed PHCPI Fact Sheet in Arabic and English, Patients' Rights leaflets, Pins and IDs to the visitors. The team explained the content of the PHCPI Fact Sheet and the objectives of the Patients' Rights Statement. Basra Fair administrative management invited the PHCPI to participate in the health conference held in cooperation between UNICEF and Basra DoH. A letter of appreciation was directed to project for outstanding effort exerted in participating in the fair.



Basrah National Exhibition

Joint Collaboration with WHO

In October 2012, the PHCPI COP met with Dr. Syed Jaffer, Head of Mission- WHO Representative for Iraq, and Dr. Aqila Noori, Technical Officer for Health System Strengthening- WHO office for Iraq at their office in Amman, Jordan. The meeting agenda included discussion the current status of the PHCPI clinical guidelines and exchange of information on forthcoming activities. The WHO Iraq representative emphasized the importance of strong collaboration and complementing each other efforts and shared the upcoming activities planned to be held by WHO. WHO is planning to hire an STTA to develop a Model for Family Practice in Iraq. The STTA advisor will meet all involved major stakeholders in health sector and based on the inputs from the all the partners he will initiate the first draft model which will be shared with all partners for their review and additions. Another STTA expert will be hired by WHO to work on analyzing alternate health financing based on social health protection for health sector. The WHO will ensure that the process of the policy development is highly participatory and involves all stakeholders. The WHO country office will be providing regular technical assistance to both the process and content of the policy formulation and if need be an international consultant will be recruited too to review the document for further improvements. Dr. Jaffer also briefed the COP about the recent “Consultative Meeting to Strengthen Accreditation of Medical Education Institutions in Iraq” which took place in Erbil. The deans and representatives of 23 medical colleges throughout Iraq as well as the representatives of MOHE, MOH, members of Accreditation Committee for Iraq along with WHO Regional and Country Office attended this meeting. The meeting concluded with a set of strategic level recommendations which will be implemented by MOHE and Accreditation Committee for Iraq in order to bring reform and improvement in the medical education. It was agreed that PHCPI will be involved in the National Health Policy development process and the WHO will share the final report of the consultative meeting with PHCPI. Both WHO and PHCPI agreed to share their capacity building plans especially in connection with training workshops with each other. This mechanism will make sure further coordination between the two organizations in addition to minimizing duplication and ensuring the efficient use of resources.

MONITORING AND EVALUATION

Mini-Assessment Survey

USAID/PHCPI collected significant information on the current status of PHC service provision at the project's 360 target clinics through its mini-assessment survey. During this quarter, the PHCPI team has successfully completed the data collection process of the mini assessment survey from the 360 clinics in 18 provinces. This baseline data will facilitate the PHCPI evidence-based planning to improve the PHC system and services. This survey started according to a work plan, involved four teams in each province with two supervisors, one from the MoH and the other from PHCPI. The Ministry assigned 200 of its employees to participate in the data collection all over the 18 provinces. The data collectors were trained in the use of different questionnaires including, mini assessment tool for PHCCs profile, PHCC list of equipment, training profile for PHCC staff, health provider assessment, observation form, and client exit interview. Some of the results of this assessment will be used for identifying the medical equipment and rehabilitation needs of the 360 PHCCs covered by PHCPI. The PHCPI team is currently engaged in data entry and will issue the full assessment report in the coming quarter.

Progress Toward Achievement of PHCPI Deliverables

Table 1 below shows the status of PHCPI deliverables up to the end of December 2012.

Table 1 Status of PHCPI Contract Deliverables

USAID/PHCPI Deliverable Status Report			
Deliverable	Expected Results	Status	Comments
Project Component 1: Management Systems			
Deliverable 1.2e) Provide training (directly or through MoH TOTs) on the Management Handbook for personnel from a minimum of 360 participating clinics	Personnel from 180 (50%) of clinics	Achieved. 463 personnel from 246 clinics reached.	
Deliverable 1.2c1 rev) Technical assistance and training on Standard Operating Procedures for 7 key management functions delineated in the Management Handbook. (35% (126 participating clinics) in year 2, 55% in year 3 and 75% in year 4)	Personnel from 126 (35%) of clinics	Achieved. 834 personnel from 326 clinics reached.	
Deliverable 1.2d) Put in place effective process/system to achieve and measure compliance with Quality Standards for 7 key management standards (baseline measure of compliance in year 2, 35% compliance in year 3, 75% compliance in year 4)	Baseline measure of compliance	Not achieved.	Baseline compliance measurement will be conducted during FY13Q2
Deliverable 1.3c) Provide training (directly or through MoH ToTs) to at least two leaders/managers from each of the 360 participating clinics and to at least 5 provincial level	480 managers from 240 of participating clinics	Achieved. 439 managers from 308 clinics and provincial DoHs reached.	

USAID/PHCPI Deliverable Status Report

Deliverable	Expected Results	Status	Comments
MoH leaders/managers from each of the 18 provinces.			
<u>Deliverable 1.4a1)</u> Train health care providers from 90 clinics on the revised system	Training material developed and personnel from 90 clinics	In Progress (442 personnel from 44 clinics reached)	Project will reach target of 90 clinics in Jan. 2013.
<u>Deliverable 1.4c)</u> Establish the PHC Patient Records System in 60% of participating clinics.	126 (35%) of clinics	In Progress(40 clinics in pilot test established the PHC Patient Records System	Project will reach target of 126 clinics in FY13 Q2.
Project Component 2: Evidence-Based Clinical Care			
<u>Deliverable 2.1c)</u> Twenty Primary Health Care Clinical Standards/ Protocols developed/updated and tested (7 in Year 1, 8 in Year 2 and 5 in Year 3)	8 guidelines developed	Achieved.	
<u>Deliverable 2.2a)</u> Handbook of Quality Standards and Operational Guidelines for Clinical Services Delivery in Primary Care Clinics developed	Handbook developed	In progress	Draft to be finalized by end of Feb. 2013.
<u>Deliverable 2.2a.1)</u> Training modules covering Handbook of Quality Standards and Operational Guidelines for Clinical Services Delivery in Primary Care Clinics developed	Training materials developed	In progress	Project will complete training modules in FY13 Q2.
<u>Deliverable 2.2d)</u> In partnership with the MoH, put an effective process/system in place to achieve and measure 75% compliance among participating clinics with the Quality Standards for 7 key clinical services in the MoH's basic health service package for primary health care.	Baseline measure of compliance	Not achieved	Baseline compliance measurement will be conducted during FY13Q2
<u>Deliverable 2.2e)</u> In partnership with the MoH, put an effective provincial and clinical level supervision process/system in place for 75% of participating clinics according to Quality Standards in the Clinical Service Delivery Handbook.	Baseline measure of compliance	Not achieved	Baseline compliance measurement will be conducted during FY13Q2
<u>Deliverable 2.2f)</u> In partnership with the MoH, put an effective referral process/system in place linking at least 75% of participating clinics with higher level clinical facilities according to the Quality Standards in the Clinical Service Delivery Handbook.	Baseline measure of compliance	Not achieved	Baseline compliance measurement will be conducted during FY13Q2
<u>Deliverable 2.4a)</u> First set of training modules for the PHC In-	Modules developed	In progress	Project will complete training modules in

USAID/PHCPI Deliverable Status Report

Deliverable	Expected Results	Status	Comments
Service Training Program developed			FY13 Q2.
<u>Deliverable 2.4a)</u> Second set of modules for PHC In-Service Training Program developed (Training Program development is completed)	Modules developed	In progress	Project will complete training modules in FY13 Q3.
<u>Deliverable 2.4c)</u> Provide training in quality standards and clinical protocols (directly or through MoH ToTs) in 5 or more of the 7 key clinical services for a minimum of 75% of relevant clinical staff	60% of participating clinics with at least one staff member trained in at least five key clinical services guidelines developed under Deliverable 2.1c	In progress. (197 clinics on asthma, hypertension, and diabetes, 322 clinics on IPC, 254 clinics on IMCI)	Project will reach target of 216 clinics on five topics in in FY13 Q2.
<u>Deliverable 2.4d)</u> Provide training in supportive supervision (directly or through MoH ToTs) for a minimum of 75% of clinical and provincial level MoH staff who have supervisory duties.	Personnel from 35% of clinics	Not achieved	Project will begin training on supportive supervision in FY13 Q2
<u>Deliverable 2.4e.1)</u> Training materials to improve referrals developed	Materials developed	In progress	PHCPI has developed the material and will pilot-test the system in in the upcoming quarter in 6 hospitals and 20 PHC centers in the provinces of Baghdad, Najaf, Basra, and Ninawa
<u>Deliverable 2.4e)</u> Provide training in referrals (directly or through MoH ToTs) for relevant staff from a minimum of 360 participating clinics.	Personnel from 144 (40%) of clinics	Not achieved	Project will begin training on referrals in FY13 Q2
<u>Deliverable 2.4f)</u> Provide training in quality improvement (directly or through MoH ToTs) for the QI team at a minimum of 360 participating clinics.	Personnel from 144 (40%) of clinics	Not achieved	Project will begin training on QI in FY13 Q2
<u>Deliverable 2.5b)</u> One study evaluating effectiveness of innovative models for primary care service delivery in Iraq completed and disseminated (total 3 for life of project)	One study completed and disseminated	Achieved	
<u>Deliverable 2.5c)</u> One study evaluating effectiveness of quality improvement activities in Iraq completed and disseminated (total 3 for life of project)	One study completed and disseminated	Achieved	
<u>Deliverable 2.6a)</u> Preliminary needs assessment conducted for each of the	Assessment conducted	Achieved	

USAID/PHCPI Deliverable Status Report

Deliverable	Expected Results	Status	Comments
36 clinics and prepare individualized work plans detailing steps needed to bring each clinic to the model standard.			
Deliverable 2.6b) Contract with necessary local entities for procurement of equipment awarded to clinics.	Contract awarded	In progress	PHCPI is waiting for USAID IEE clearance to proceed with contract negotiation and award.
Project Component Three: Community Partnerships			
Deliverable 3.2b) Process/system in place to receive, evaluate, and take action in response to client/community input regarding health in accordance with the Community Partnerships Handbook	LHCs activated	Achieved (352 activated)	
Deliverable 3.2c) Provide training (directly or through MoH ToTs) on the Community Partnerships Handbook for personnel from a minimum of 360 participating clinics.	Personnel from 120 (33%) of clinics	Achieved (738 personnel from 338 target clinics reached)	
Deliverable 3.2d) Put an effective process/system in place to achieve and measure 75% compliance among participating clinics with the Quality Standards delineated in the Community Partnerships Handbook. (Baseline measure in Year 2, 35% in Year 3, 75% in Year 4)	Baseline measure of compliance	Not achieved.	Baseline compliance measurement will be conducted during FY13Q2

Summary of PHCPI Training Activities

The figures and tables below provide a summary of PHCPI training activities. During this quarter, PHCPI activities reached 2813 people in 336 of the project's target clinics across all 18 provinces of Iraq.

Table 2 Number of Participants by Provinces

Province	Female	Male	Total
Anbar	1	76	77
Babil	31	44	75
Baghdad/Karkh	109	80	189
Baghdad/Rusafa	216	186	402
Basrah	63	92	155
Dhi-Qar	21	175	196
Diwaniyah	41	159	200
Diyala	14	68	82
Duhok	24	37	61
Erbil	62	80	142
Karbala	9	48	57
Kirkuk	16	69	85
Maysan	63	177	240
Muthanna	42	159	201
Najaf	53	253	306
Ninawa	21	78	99
Salah ad Din	18	59	77
Sulaimaniyah	39	63	102
Wasit	14	53	67
TOTAL	857	1956	2813

Figure 2 Percentages of Participants in PHCPI Activities from Each Province

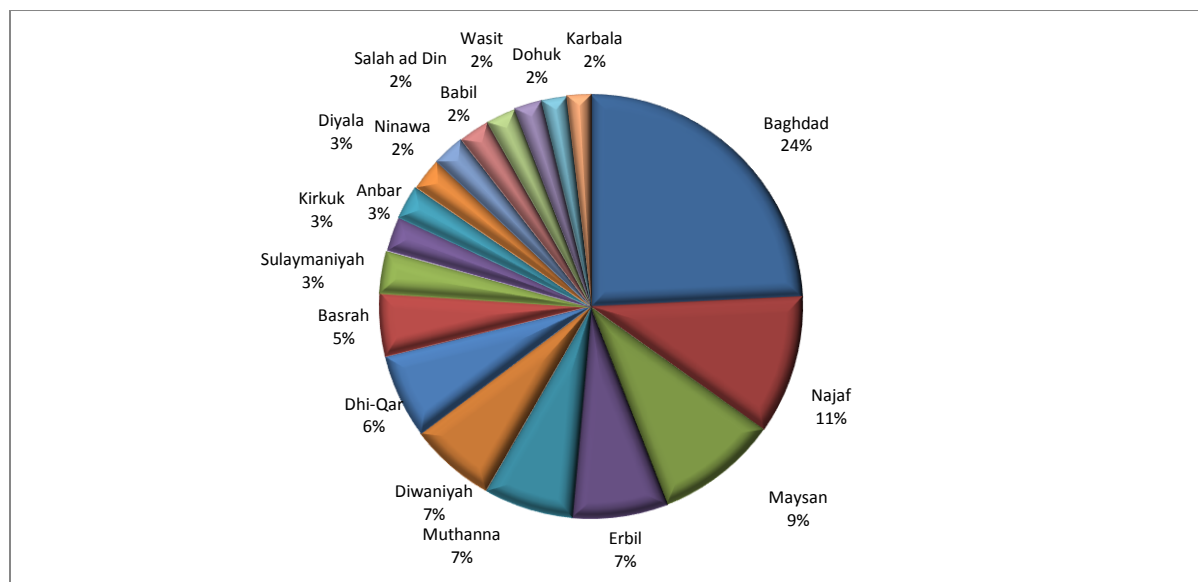
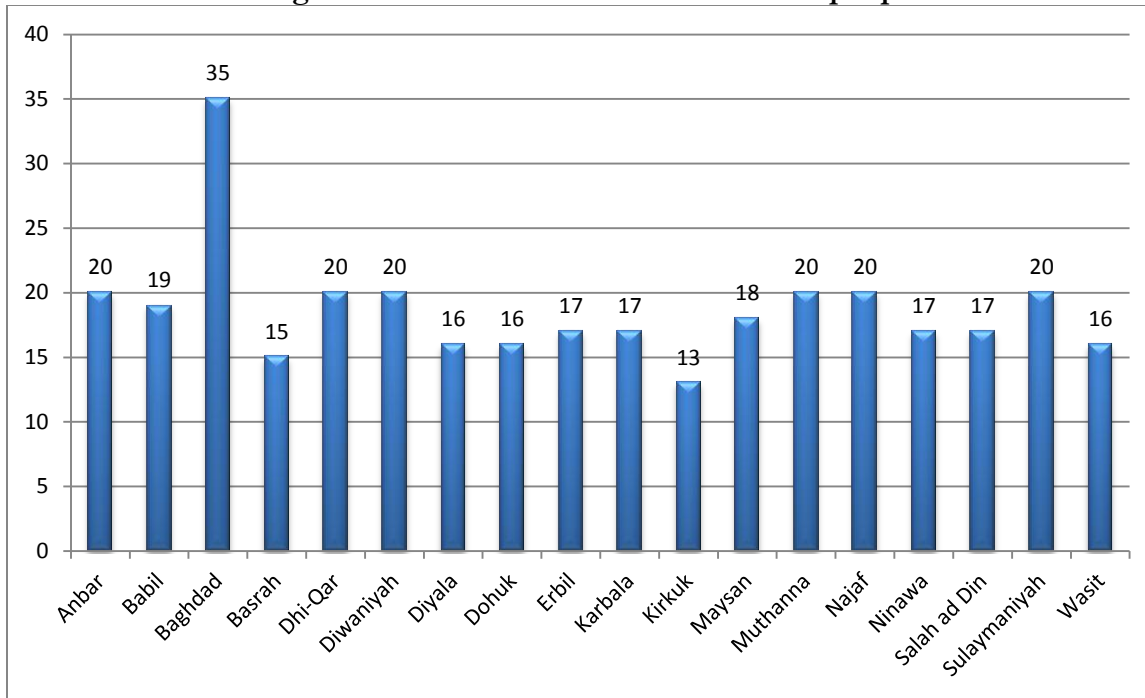
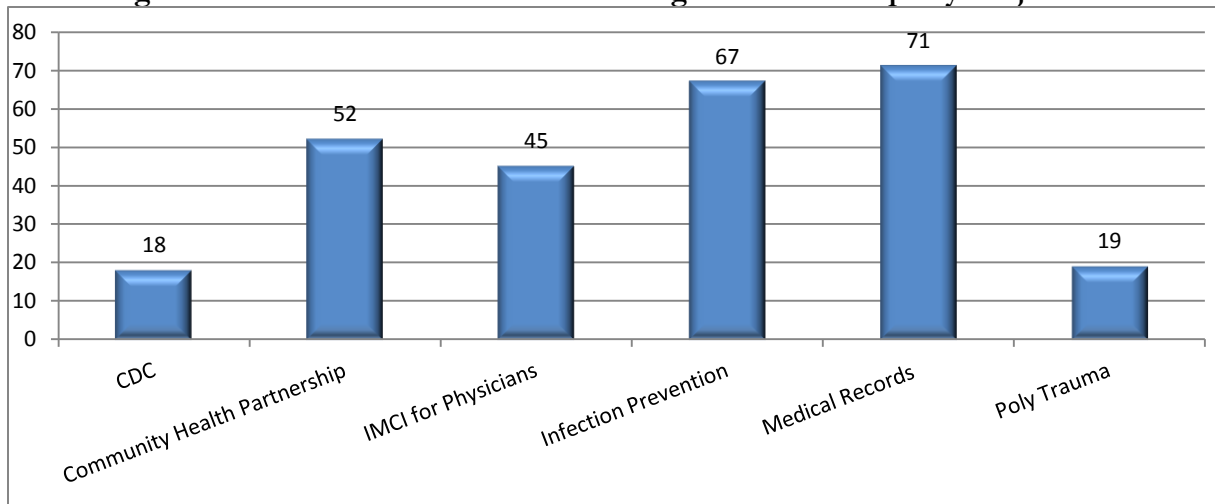


Figure 3 Number of PHC clinics reached per province



During this quarter, PHCPI trained 393 trainers throughout Iraq on various topics, including leadership and management, facility and equipment maintenance, IMCI, and medical records. These trainers are now rolling out training to district and clinic-level managers and health staff within their home provinces. Figure 4 below provides a complete summary of trainers trained by subject area.

Figure 4 Number of trainers trained during TOT workshops by subject area



The main focus of PHCPI-led training activities is to reach clinic managers and service providers at the PHC clinic level. Figure 5 below highlights the number of target DoH and clinic staff trained to date through PHCPI roll out training courses by subject area.

Figure 5 Number of target DoH/clinic staff trained to date through PHCPI training courses

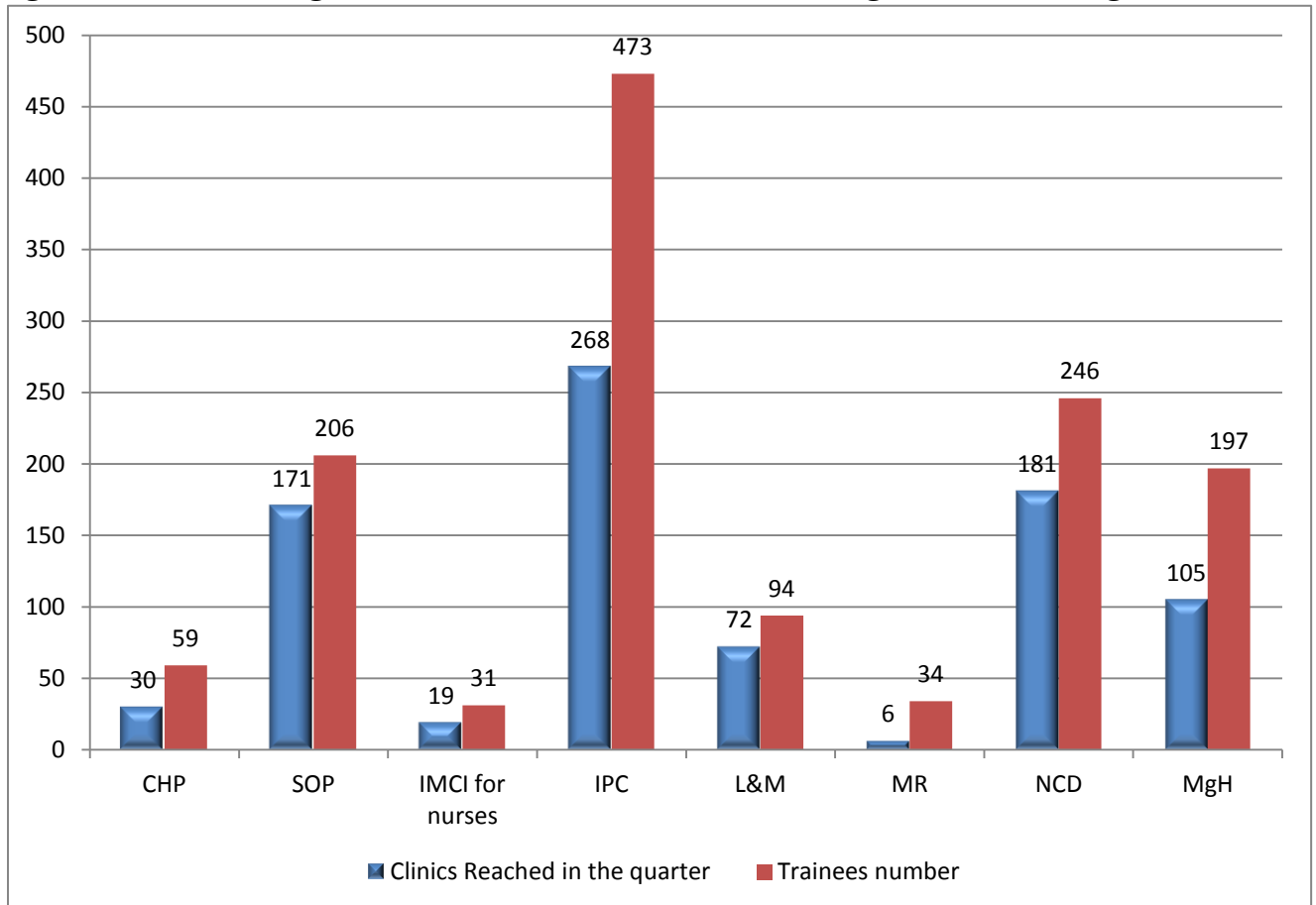


Figure 6 provides a breakdown of activities provided to Model Clinics facilitated by USAID/PHCPI during FY2013. These activities include training of model clinic staff on management and leadership, community health partnerships, and clinical care guidelines. A total of 816 participants from the model clinics were reached by the project to date.

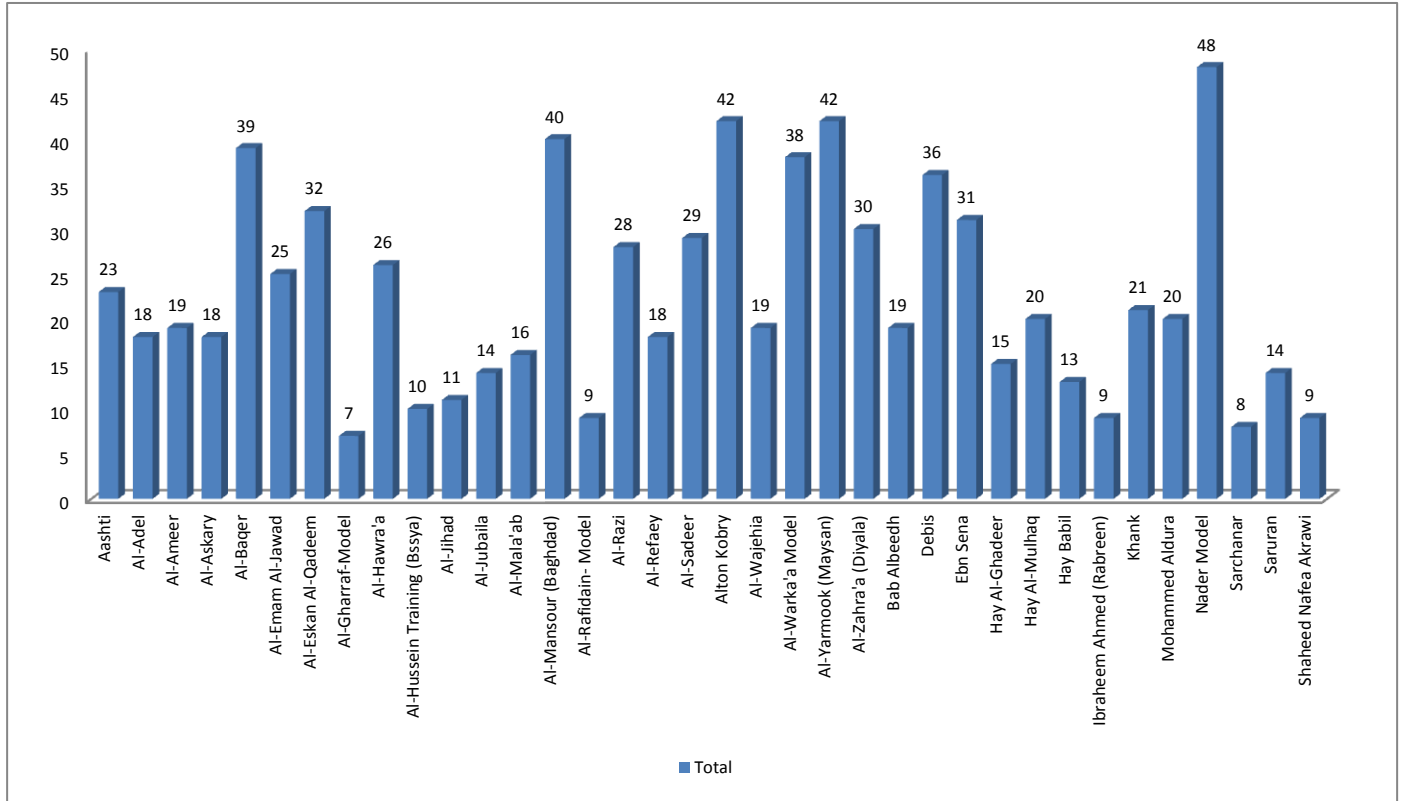


Table 3 below provides a complete list of activities undertaken by PHCPI during this quarter, including partnership meetings, planning workshops, TOT workshops, focus groups, and training courses. As mentioned above, during this quarter, PHCPI activities reached 2813 participants throughout Iraq.

Table 3 Summary of PHCPI Activities October 01 – December 31, 2012

Event's Name	Type	Province	Male	Female	Total
Laboratory Standards	Meeting	Baghdad/Karkh	2	3	5
ToT on Infection Prevention and Waste Management	Training Course	Maysan	19	2	21
ToT on Infection Prevention and Waste Management	Training Course	Baghdad/Karkh	17	8	25
ToT on Infection Prevention and Waste Management	Training Course	Erbil	15	6	21
Menopause	Meeting	Baghdad/Karkh	1	4	5
PHCPI mini-assessment survey	survey	Sulaimaniyah	8	3	11
Breast and Cervical Cancer	Meeting	Baghdad/Karkh		2	2
Emergency Obstetrics and Newborn Care (EmONC)	Meeting	Baghdad/Karkh		2	2
Maternal and Child Nutrition	Meeting	Baghdad/Karkh		2	2
Community Health Partnership (CHP)	Meeting	Erbil	26	11	37
Referral System	Meeting	Baghdad/Karkh	2	1	3
Rollout of Medical Records System	On-Job Training	Erbil	10	18	28
Curriculum Development of CDC	Workshop	Baghdad/Karkh	7	5	12
IMCI for Physicians	Workshop	Baghdad/Karkh	2	3	5
Rollout of NCD	Training Course	Baghdad/Karkh	11	5	16
Rollout of NCD	Training Course	Babil	8	9	17
Rollout of NCD	Training Course	Basrah	13	10	23
Rollout of NCD	Training Course	Maysan	13	10	23
Rollout of NCD	Training Course	Wasit	9	8	17
Behavior Change Communication (BCC)	Workshop	Baghdad/Karkh	1	2	3
Premarital Counseling	Meeting	Baghdad/Karkh	1	2	3
Rollout of Medical Records System	On-Job Training	Erbil	11	12	23
Human Resource	Workshop	Baghdad/Karkh	9	7	16
Obesity	Meeting	Baghdad/Karkh	4	5	9
Communicable Diseases Control (CDC)	Meeting	Baghdad/Karkh	3	1	4
Medical Records System	Meeting	Baghdad/Karkh	2	2	4
Curriculum Development of Poly Trauma	Workshop	Baghdad/Karkh	7	3	10
Rollout of Infection Prevention and Waste Management	Training Course	Erbil	14	6	20
Medical Records System	Workshop	Baghdad/Karkh	9	18	27
Curriculum Development of Family Health Approach	Workshop	Baghdad/Karkh	5	7	12
IMCI for Physicians	Workshop	Baghdad/Karkh	12	18	30
Rollout of Facility and Equipment Maintenance Management - SOP	Training Course	Najaf	25	1	26
Rollout of Infection Prevention and Waste Management	Training Course	Maysan	20	3	23
Rollout of Infection Prevention and Waste	Training	Diwaniyah	16	7	23

Event's Name	Type	Province	Male	Female	Total
Management	Course				
Rollout of Infection Prevention and Waste Management	Training Course	Ninawa	22	2	24
Rollout of NCD	Training Course	Muthanna	9	4	13
Rollout of PHC Management Handbook	Training Course	Diwaniyah	24	3	27
Rollout of PHC Management Handbook	Training Course	Dhi-Qar	24	1	25
Rollout of PHC Management Handbook	Training Course	Najaf	19	5	24
Rollout of Community Health Partnership (CHP)	Training Course	Erbil	15	8	23
Behavior Change Communication (BCC)	Meeting	Baghdad/Karkh	2	4	6
Medical Records System	Meeting	Baghdad/Karkh	3	11	14
PHC Research Agenda	Meeting	Baghdad/Karkh	4	5	9
Rollout of Infection Prevention and Waste Management	Training Course	Salah ad Din	19	3	22
Rollout of Infection Prevention and Waste Management	Training Course	Anbar	23		23
Rollout of Infection Prevention and Waste Management	Training Course	Baghdad/Karkh	13	11	24
Rollout of Infection Prevention and Waste Management	Training Course	Dhi-Qar	15	8	23
Rollout of NCD	Training Course	Diwaniyah	13	10	23
Community Health Partnership (CHP)	Workshop	Baghdad/Karkh	4	7	11
Medical Records System	Meeting	Baghdad/Karkh	2	11	13
ToT on CDC	Training Course	Baghdad/Karkh	16	2	18
Menopause	Meeting	Baghdad/Karkh	1	7	8
Rollout of Community Health Partnership (CHP)	Training Course	Kirkuk	25	1	26
Rollout of Community Health Partnership (CHP)	Training Course	Sulaymaniyah	19	8	27
Obesity	Meeting	Baghdad/Karkh	2	3	5
Breast and Cervical Cancer	Meeting	Baghdad/Karkh		6	6
Rollout of Facility and Equipment Maintenance Management - SOP	Training Course	Karbala	27		27
Rollout of Facility and Equipment Maintenance Management - SOP	Training Course	Diwaniyah	24	3	27
Rollout of Facility and Equipment Maintenance Management - SOP	Training Course	Babil	17	8	25
Rollout of Facility and Equipment Maintenance Management - SOP	Training Course	Wasit	17	3	20
Rollout of Infection Prevention and Waste Management	Training Course	Dohuk	12	10	22
Rollout of Infection Prevention and Waste Management	Training Course	Babil	13	10	23

Event's Name	Type	Province	Male	Female	Total
Rollout of Infection Prevention and Waste Management	Training Course	Diyala	19	4	23
Rollout of Infection Prevention and Waste Management	Training Course	Wasit	20	3	23
Rollout of Infection Prevention and Waste Management	Training Course	Karbala	16	7	23
Rollout of Infection Prevention and Waste Management	Training Course	Baghdad/Rusafa	11	6	17
Rollout of Infection Prevention and Waste Management	Training Course	Muthanna	20	3	23
Rollout of Infection Prevention and Waste Management	Training Course	Najaf	22	1	23
Rollout of PHC Management Handbook	Training Course	Basrah	12	14	26
Rollout of PHC Management Handbook	Training Course	Maysan	27	1	28
Behavior Change Communication (BCC)	Meeting	Baghdad/Karkh	2	5	7
Premarital Counseling	Meeting	Baghdad/Karkh		2	2
ToT on Poly Trauma	Training Course	Baghdad/Karkh	18	1	19
Maternal and Child Nutrition	Meeting	Baghdad/Karkh		7	7
Family Health Approach	Meeting	Baghdad/Karkh	7	7	14
Model Clinics	Meeting	Baghdad/Karkh	6	7	13
Preparation on IMCI for Physician	Meeting	Erbil	3	5	8
Rollout of Facility and Equipment Maintenance Management - SOP	Training Course	Baghdad/Karkh	17	8	25
Rollout of Infection Prevention and Waste Management	Training Course	Najaf	20	2	22
Rollout of Infection Prevention and Waste Management	Training Course	Basrah	12	11	23
Rollout of Infection Prevention and Waste Management	Training Course	Maysan	21	2	23
Rollout of PHC Management Handbook	Training Course	Najaf	23	1	24
Rollout of PHC Management Handbook	Training Course	Muthanna	24	3	27
Rollout of PHC Management Handbook	Training Course	Diwaniyah	24	3	27
Rollout of PHC Management Handbook	Training Course	Dhi-Qar	24	3	27
TOT on IMCI for Physicians	Workshop	Erbil	21	24	45
Referral System	Workshop	Baghdad/Karkh	14	6	20
Behavior Change Communication (BCC)	Meeting	Baghdad/Karkh	1	5	6
Rollout of Facility and Equipment Maintenance Management - SOP	Training Course	Salah ad Din	17	4	21
Rollout of CDC	Training Course	Ninawa	18	5	23
Rollout of Facility and Equipment Maintenance Management - SOP	Training Course	Diyala	24	1	25

Event's Name	Type	Province	Male	Female	Total
Rollout of Facility and Equipment Maintenance Management - SOP	Training Course	Anbar	26	1	27
Rollout of Infection Prevention and Waste Management	Training Course	Diwaniyah	23		23
Rollout of Medical Records System	On-Job Training	Dohuk	6	7	13
Technical Advisory Group (TAG)	Meeting	Baghdad/Karkh	7	4	11
Premarital Counseling	Meeting	Baghdad/Karkh	1	3	4
Obesity	Meeting	Baghdad/Karkh	3	2	5
Rollout of Facility and Equipment Maintenance Management - SOP	Training Course	Basrah	15	5	20
Rollout of Facility and Equipment Maintenance Management - SOP	Training Course	Maysan	20	6	26
Rollout of Infection Prevention and Waste Management	Training Course	Dhi-Qar	21	2	23
Rollout of Infection Prevention and Waste Management	Training Course	Muthanna	16	7	23
Rollout of NCD	Training Course	Najaf	14	6	20
ToT on Community Health Partnership (CHP)	Training Course	Baghdad/Karkh	13	9	22
ToT on Medical Records System	Training Course	Baghdad/Rusafa	1	17	18
Menopause	Meeting	Baghdad/Karkh	1	6	7
Maternal and Child Nutrition	Meeting	Baghdad/Karkh		2	2
Rollout of Facility and Equipment Maintenance Management - SOP	Training Course	Dhi-Qar	27		27
Rollout of Facility and Equipment Maintenance Management - SOP	Training Course	Muthanna	23	4	27
Rollout of Facility and Equipment Maintenance Management - SOP	Training Course	Baghdad/Rusafa	19	5	24
Rollout of Leadership and Management Program	Training Course	Maysan	17	1	18
Rollout of Leadership and Management Program	Training Course	Muthanna	22	6	28
Rollout of NCD	Training Course	Maysan	9	7	16
Breast and Cervical Cancer	Meeting	Baghdad/Karkh		1	1
Human Resource	Workshop	Baghdad/Karkh	9	6	15
Laboratory Standards	Meeting	Baghdad/Karkh	6	3	9
Rollout of Infection Prevention and Waste Management	Training Course	Basrah	11	12	23
Rollout of Infection Prevention and Waste Management	Training Course	Kirkuk	21	4	25
Rollout of NCD	Training Course	Sulaymaniyah	13	14	27
Rollout of PHC Management Handbook	Training Course	Maysan	9	19	28
Rollout of PHC Management Handbook	Training	Muthanna	15	7	22

Event's Name	Type	Province	Male	Female	Total
	Course				
Media and Patients' rights	Meeting	Najaf	31	3	34
Referral System	Meeting	Baghdad/Karkh	15	6	21
Community Health Partnership (CHP)	Meeting	Najaf	25	7	32
Family Health Approach	Workshop	Baghdad/Karkh	6	13	19
Media and Patients' rights	Meeting	Diwaniyah	24	11	35
Preparatory Meeting for the national Conference	Meeting	Baghdad/Karkh	16	8	24
Preparatory Meeting on IMCI for Nurses	Meeting	Najaf	3	2	5
Premarital Counseling	Meeting	Baghdad/Karkh	1	5	6
Rollout of IMCI for Nurses	Training Course	Najaf	21	14	35
Rollout of Infection Prevention and Waste Management	Training Course	Salah ad Din	16	8	24
Rollout of Infection Prevention and Waste Management	Training Course	Sulaymaniyah	15	10	25
Rollout of Leadership and Management Program	Training Course	Basrah	16	5	21
Rollout of Leadership and Management Program	Training Course	Maysan	18	9	27
Rollout of Leadership and Management Program	Training Course	Dhi-Qar	27	1	28
Rollout of Leadership and Management Program	Training Course	Najaf	16	8	24
Rollout of Leadership and Management Program	Training Course	Muthanna	21	7	28
Rollout of NCD	Training Course	Dhi-Qar	23	4	27
Rollout of NCD	Training Course	Diyala	18	5	23
Rollout of NCD	Training Course	Anbar	23		23
Rollout of NCD	Training Course	Dohuk	13	6	19
Rollout of NCD	Training Course	Kirkuk	18	5	23
Rollout of NCD	Training Course	Ninawa	16	7	23
ToT on Community Health Partnership (CHP)	Training Course	Maysan	23	7	30
ToT on Medical Records System	Training Course	Najaf	26	2	28
ToT on Medical Records System	Training Course	Baghdad/Karkh	15	10	25
EmONC	Meeting	Baghdad/Karkh		4	4
Referral System	Meeting	Baghdad/Karkh	13	11	24
IMCI	Meeting	Baghdad/Karkh		2	2
Total			1956	857	2813

MAJOR ACTIVITIES PLANNED FOR NEXT QUARTER

Component One

- Co-host the second annual National PHC Conference with the MoH February 26-27, 2013.
- Conduct 6th TAG meeting.
- Implement on-the-job training (OJT) on the new medical records system throughout the provinces to achieve implementation of MR system within 60% of target clinics.
- Conduct TOT training on Management Handbook in Erbil for Northern provinces.
- Finalize compliance tools and implement first round of compliance surveys to get baseline data on the compliance indicators.
- Conduct supervisory field visits to project sites to ensure follow up on all training and capacity building activities at the PHC clinic level.

Component Two

- Finalize the eight clinical guidelines for Year 2 and develop associated training curriculum for each.
- Select two research topics and develop associated questionnaires.
- Begin roll-out of referral system in target clinics.
- Begin roll-out of supportive supervision to DoH supervisors.
- Identification of QI teams at each clinic and begin roll-out of QI process.
- Award model clinic procurement subcontract and begin delivery of equipment to model clinics.
- Finalize compliance tools and implement first round of compliance surveys to get baseline data on the compliance indicators.
- Conduct supervisory field visits to project sites to ensure follow up on all training and capacity building activities at the PHC clinic level.

Component Three

- Continue dissemination of Patient Rights Statement at the clinic level.
- Engage media partners to further promote Patient Rights Statement, including as part of the National PHC workshop.
- Roll-out of training on LHC operational guidelines.
- Adapt LHC operations guidelines to meet the needs of LHCs and PHCCs in Kurdistan region, in collaboration with the KMoH.
- Conduct two ToT workshops for LHC members on leadership, IPC, team building and problem solving to cover the provinces of Erbil, Sulimaniya, Dohuk, Ninawa, Kirkuk, Karbala, Wasit, Anbar, Diyla and Babil and then begin roll-out training to LHCs.
- Award market research subcontract for BCC campaign.
- Issue art production RFP and award art production subcontract for BCC campaign.
- Implement the dental health/ oral hygiene campaign in 20 communities in partnership with Unilever.

- Finalize compliance tools and implement first round of compliance surveys to get baseline data on the compliance indicators.
- Conduct supervisory field visits to project sites to ensure follow up on all training and capacity building activities at the PHC clinic level.

