



FACT SHEET

MDGs 4 & 5: Supporting the Reduction of Maternal and Under-Five Mortality

Beginning in Fiscal Year 2014, PHCPI focused its technical assistance on helping the MOH meet its Millennium Development Goals (MDGs) 4 & 5 of reducing child mortality and improving maternal health in target project areas. The project developed a package of low-cost, high-impact interventions for improving maternal, neonatal, and child health (MNCH). Using the project's capacity building strategy, PHCPI, in partnership with the MOH, has updated a number of clinical guidelines related to MNCH. These guidelines are being introduced to primary health care service providers through the cadre of trainer-of-trainers (TOT) developed by PHCPI in each province. The project's MNCH initiative is further strengthened by the local health committees (LHCs) working within the catchment areas of each of the project's target clinics. These LHCs are working in partnership with clinics to increase demand for and use of PHC services, particularly among vulnerable populations, including internally displaced persons (IDPs).

PHCPI conducted a Bottleneck Assessment in July 2013, identifying key programmatic factors that contribute to the continued high levels of maternal, newborn, and child mortality in Iraq.

Activities to Support MDGs 4 and 5

To support the MOH and fill in key gaps identified by the bottleneck assessment PHCPI:

- ◆ Updated clinical guidelines related to MNCH, including antenatal care, emergency obstetrics and newborn care, maternal and child nutrition, maternal mortality surveillance and reporting, and the integrated management of childhood illness (IMCI) and distributed copies in Arabic, Kurdish and English to all PHCPI-supported clinics as well as soft copies for future replication.
- ◆ Developed information, education, and communication (IEC) materials and promotional materials to raise awareness among PHC staff, community outreach groups, and PHC clients as to the importance of MNCH care.
- ◆ Trained 695 PHC staff and LHC and NGO members on updated ANC guidelines.
- ◆ Trained 29 master trainers on rollout of the antenatal

care training program.

- ◆ Trained 230 PHC staff from clinics on maternal and child health, 541 on maternal and child nutrition and 190 staff on updated Breast and Cervical Cancer guidelines.
- ◆ Trained 19 PHC physicians on emergency obstetrics and newborn care at a training course held at the Maternity Hospital in Sulaimaniyah.
- ◆ Trained 179 staff trained on Emergency Obstetrics and Newborn Care (EmONC) and 39 on Essential Newborn Care.
- ◆ 1,746 nurses and 636 doctors were trained on the updated guidelines for IMCI.
- ◆ Updated guidelines and training curricula for traditional birth attendants (TBAs) to integrate them more fully into the wider PHC system and has trained 919 TBAs on the updated guidelines.
- ◆ Revised guidelines include recognition of danger signs during pregnancy, promotion of antenatal care, referrals, preparations for emergency transport, use of birthing kits, and breastfeeding promotion.

Studies for Improved Maternal and Child Health Care

PHCPI has conducted four studies for MCH including a study of ANC services at PHCCs across Iraq to determine gaps in quality and access to care, a study on pediatric deaths in hospitals, judiciary offices and Forensic Pathology Units to determine causes of under-five mortality and key health care gaps and a study on traditional birth attendants (TBAs) to determine knowledge gaps and their impact on MCH. Additionally, PHCPI conducted an assessment of Maternal Deaths Recording and Reporting to determine the value of mortality reporting as a monitoring tool.

Immunization Activities

PHCPI worked closely with the MOH to develop, update, and disseminate guidelines, job aids and conduct training workshops to improve immunization throughout Iraq.

Specific PHCPI interventions include:

- ◆ Developed guidelines/protocols for vaccine cold chain management;
- ◆ Developed guidelines/protocols for the detection of

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immunization side effects;

- ◆ Conducted technical orientation meetings on guidelines and procedures for EPI health workers in all provinces; and
- ◆ Held workshops for vaccinators on developed guidelines.

PHCPI activities led to over 2,198 vaccinators and 535 supervisors being trained on Iraq's Expanded Program of Immunization (EPI), AFP, vaccination side effects, vaccination guidelines, cold chain management for vaccines, vaccination ages, and the schedule of vaccination.

Results

As a result of PHCPI's MDG 4 and 5 focused interventions, clinics supported by the project have seen significant increases in MDG 4 and 5 indicators (Table 1). Additionally, under-5 mortality in provinces where the project was active significantly decreased from 2012 to 2014 (Figure 1).

Figure 1 Under-5 Mortality in Select PHCPI Provinces

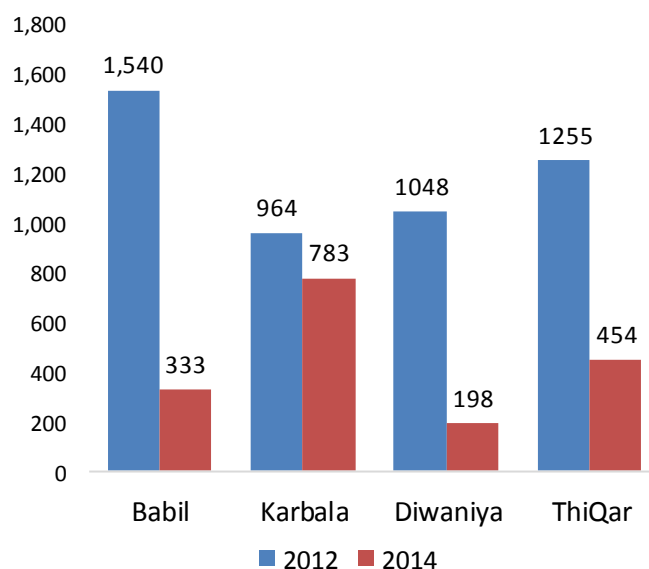


Table 1 MDG 4 & 5 Indicators between 2013 and 2014 at PHCPI-support Model Clinics.

		Indicator for MDG 4		Indicator for MDG 5	
		2013	2014	2013	2014
Province	Model Clinic	Measles coverage rate under 1 year	Measles coverage rate under 1 year	4th ANC visit	4th ANC visit
Baghdad/Rusafa	Hay Babil	69%	75%	12%	14%
Babil	Al-Baqer	95%	100%	17%	29%
	Nader	76%	86%	22%	20%
Najaf	Al-Emam Al-Jawad	77%	88%	14%	16%
	Al-Askary	70%	100%	38%	42%
Diwaniyah	Al-Eskan Al-Qadeem	65.13%	92%	22%	26.30%
	Al-Sadeer	73.13%	80%	12%	14%
Basrah	Al-Jubaila	42%	80%	25%	38%
	Mohammed Aldura	50%	86%	25%	38%
Maysan	Al-Yarmook (Maysan)	93%	95%	18%	30%
	Al-Ameer	91%	93.90%	18%	35%
Dhi-Qar	Al-Refaey	61%	77%	15%	18%
	Al-Gharraf	65%	72%	16%	20%
Kirkuk	Debis	86%	88%	32%	57%
	Alton Kobry	83%	87%	47%	58%
Duhok	Khank	28.50%	37%	22.50%	37.50%
Sulaymaniyah	Beker Jo	80%	92%	28%	42%
	Ibraheem Ahmed (Rabreen)	76%	91%	33%	41%

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