PHCPI Continues to Support the MOH through Improved Core Capacities for Detecting and Confirming Public Health Threats

The MOH Moves Closer to an Established Core of Immunization Management Trainers of Trainers

PHCPI Participates in a Special Scientific Session for Respiratory Diseases

MOH Staff attending PHCPI’s EPI training in Duhok.
Support MOH efforts to Strengthen Public Health Surveillance for the Prevention and Control of Priority Diseases

Due to the current rising threats of the of infectious diseases in Iraq and the region in addition to the rising risk of epidemics, the Ministry of Health (MOH) is coordinating with PHCPI to strengthen the priority disease surveillance system. The development of a National Surveillance Strategy for priority communicable diseases by the MOH in coordination with PHCPI will be the roadmap for MOH surveillance support efforts for the next 5-10 years.

This week, PHCPI’s Surveillance Team held multiple meetings with members of the technical working group (TWG) at the CDCC, CPHL, EPI and the Specialized Center for Chest and Respiratory Disease (SCCRD) to discuss the final draft for the surveillance strategy. The draft is comprised of 8 sections; the first encompassing the general aspect of the strategy including an introduction to communicable disease (CD) surveillance, the structure of the system, objectives, milestones and monitoring and evaluation. The first section also includes the general outline of the response system while the other 7 sections encompass the specific strategy for each of the priority diseases (Polio, Measles, Cholera, Tuberculosis, Corona virus (and SARI), VHF, and Hepatitis A and C). Each section includes standard case definitions, case detection, confirmation/investigation, reporting, data analysis response and feedback with milestones and M&E for each plan.

During the meeting, PHCPI and the TWG discussed the general elements of the strategy including a review of the time frame, consolidating selection of priority diseases criteria and the suggested plan to improve involvement of the private sector in the surveillance plans.

Additionally, a discussion on the approach to improve case confirmation and diagnosis was held at the CPHL, with input from members of the TWG. Due to the long-term nature of the strategy, heads of different units of the CPHL, whose work is related to the selected diseases, will be consulted to ensure the most appropriate and realistic approach to the strategy.

PHCPI Epi Info Trainings Continue to Build MOH Capacity

Improving the reporting system for CDs will have a major impact of providing timely, accurate and credible information for the decision makers to establish a proper response in cases of imminent epidemics for International Health Regulations (IHR)-Notifiable Diseases. A timely and accurate response will limit the spread, facilitate the selection of the most appropriate action and modify immunization plans.

PHCPI is working with the MOH/KMOH on two parallel pathways to reach this target; the first is to provide training at the district level to train two surveillance unit staff from 102 districts to use the already established Epi Info surveillance program for IHR-Notifiable disease reporting. This week, a workshop was conducted in Basra to train 22 members form Al-Basra Directorate of Health (DOH) to use the electronic reporting system.

Additionally, PHCPI is helping the MOH to upgrade the software used for reporting at the CDCC. PHCPI is supporting the CDCCs effort to use Epi Info 7 as all sectors of the CDCC (other than surveillance) completely rely on a paper-based system for surveillance reporting. PHCPI has already conducted a workshop to train two members from each sector to use Epi Info 7. The training covered form creation, essential for the CDCC’s members as form creation and data entry will be performed centrally during the first stage. The surveillance team discussed the feedback from the initial workshop with the participants from the CDCC and the CDCC co-facilitator. Though data analysis was covered during the workshop more training was requested before proceeding to the training of members of CD Sectors in the DOH.

Strengthen Iraq’s Training Program for Immunization

PHCPI Continues to Support the MOH through Improved Core Capacities for Detecting and Confirming Public Health Threats
The current civil unrest has had impacts different aspects for Iraqis, including the health system. One drawback was the deterioration of the control status for select target vaccine preventable diseases, including polio and measles. To compensate for this, the MOH, in cooperation with other stakeholders, is leading an ambitious plan to train 23,000 staff on the Expanded Program of Immunization (EPI). PHCPI is actively supporting this effort by training EPI vaccinators and facilitators and plans to build capacity by training 2,000 of the 23,000 members of priority groups as identified by the MOH. PHCPI will train 1,500 vaccinators (who carry out both routine immunizations and SIAs) and 500 supervisors (concerned with planning, monitoring and supervision of SIAs).

This week, three workshops were performed training 91 vaccinators and supervisors from Sulamania DOH and Amadiay and Baradash Health Districts in Dohuk. The training program that was developed by PHCPI includes three main elements: types of vaccines (IPV, BCG, POLIO, Measles, and Rota Virus etc.), cold chain and vaccine storage, vaccine side effects, diagnosis and treatment.

The MOH Moves Closer to an Established Core of Immunization Management Trainers of Trainers

The MOH identified a need to establish well-equipped trainers in immunization management and surveillance support across Iraq. Based on a needs assessment conducted by the MOH/KMOH, there is a need to train at least 80 trainers in the management of immunization and
surveillance systems. PHCPI is implementing this task by performing three Master Training Workshops in Immunization Management and Surveillance. The second Master Training session was conducted in Erbil from December 20-27, 2014. The timing was most appropriate to support KMOH preparation efforts for the measles vaccination campaign to be conducted in KRG mid-January.

Twenty-seven participants attended the training that was conducted by four experts, three from KRG and one from Kirkuk, who received their Master Trainer Certificates from PHCPI’s initial training in Amman, Jordan. The Master Trainer Program is very hands on and covered multiple topics including routine immunization, introduction to the Iraqi national immunization program, vaccine preventable diseases and different types of vaccines, the national immunization schedule, ensuring safe injections, adverse events following immunization (AEFIs) and how to prevent them, storage and handling of vaccines and cold chain, guidelines for group work, designing training materials, power point presentations and how to facilitate units. Teaching techniques included plenary discussions, presentations and discussions, group work and field visits to two neighboring Primary Health Care (PHC) Clinics for practical application. PHCPI’s second Master Trainer workshop was published by Al-Ethad, the most popular newspaper in Kurdistan, highlighting PHCPI’s contributions on immunization, health surveillance and internally displaced persons.

In January 2015, PHCPI will conduct its third and final training course in Maysan, covering the central and south regions of Iraq.

**PHCPI Supports MOH Efforts to Ensure a Successful Measles Vaccination Campaign**

Measles is a highly contagious viral disease that affects mostly children. It is transmitted via droplets from the nose, mouth or throat of infected persons. There is no specific treatment for measles and most people recover within 2–3
weeks. However, particularly in malnourished children and people with reduced immunity, measles can cause serious complications, including blindness, encephalitis, severe diarrhea, ear infection and pneumonia. Measles can be prevented by immunization.

During 2014, 1,200 cases of measles have been confirmed, accordingly the MOH in cooperation with UNICEF and WHO, launched a nationwide measles vaccination campaign December 21-31, 2014. PHCPI supported the campaign at the request of the MOH, through the provision of technical and supervisory support. PHCPI’s Immunization Advisor and Activity Coordinator performed supervisory visits in two provinces (Baghdad and Basra) to monitor the campaign.

In Baghdad, PHCPI observed the provision of sufficient doses of the vaccine (Indian- Pasteur type), proper cold chain for vaccine storage and transport, correct regulations for select target candidates for vaccination, and proper provision of medication for managing shock as an adverse reaction. For each PHC clinic, three Vaccination Teams were established (one in the clinic and two mobile teams). An average of 60-70 children were vaccinated per day per team. Media coverage included posters, cards, health messages and TV and billboard announcements.

In Basra, 1,108 vaccinators and 110 supervisors comprising 554 vaccinations (194 in a vehicle, 249 walking and 111 fixed) were to cover the target children.

**Expanding Community Outreach Activities among IDP Populations**

Due to the current security situation, large numbers of families were forced to flee their homes and are now displaced to other more secure areas. Currently more than two million Iraqi internally displaced persons (IDPs) are registered. IDPs live in difficult circumstances with many health threats including overcrowding, improper drinking water, and poor housing conditions all in addition the huge psychological impact of their new status.

PHCPI is supporting efforts to help IDPs by expanding community outreach activities among these populations, in cooperation with local NGOs and health volunteers.

This week, PHCPI’s IDP team conducted four workshops, facilitated by behavior change communication (BCC) core teams, to train 150 health volunteers, in three provinces (Erbil, Sulaimania, and Dohuk). These health volunteers will facilitate one-day activities that cover topics and messages related to maternal and child health, personal hygiene and protection from communicable diseases such as measles and poliomyelitis.

**PHCPI and NGOs Collaborate to Help IDPs**

PHCPI continues to make great progress to expand health outreach to IDPs in Iraq. During the last weeks, in addition to guidelines development in three languages, PHCPI has conducted many orientation workshops to train health volunteers from different NGOs from the six provinces targeted by the project’s IDPs-focused interventions. So far, over 200 volunteers have been trained on the guidelines developed by PHCPI.

One of the health volunteers helping to support IDPs is a medical student who displaced with her family from Ninawa to Erbil. She is currently volunteering her time and health background to serve IDP families like hers in her community through PHCPI’s outreach activities.

**USAID/PHCPI Legacy and Transition Activities**

**PHC Clinics Visited by PHCPI’s Health Systems Advisor during the National Measles Campaign**

The MOH’s National Measles Campaign offered PHCPI’s Health Systems Advisor an opportunity to perform a
supervisory visit to the Al-Kadhmya Al-Awal PHC clinic in Al-Kadhmya on December 29, 2014 to check and evaluate the implementation status and actions of infection prevention control (IPC) and other guidelines applied during the Measles Campaign. The Health Systems Advisor observed that the health care providers were using disposable gloves during the campaign as well as applying other IPC regulations properly. In addition, the application of Waste Management Guidelines for sharp items was being performed correctly.

For implementation of the SOPs and guidelines developed by PHCPI, the application of the PHC Management Handbook standards and measuring criteria was in line with the SOPs. The acting manager was fully aware of the different departments of the PHC clinic indicating that the clinic has a duplicate system and a chart of duties was noticed in some rooms.

A specialized committee for IPC was founded through an official letter and is working regularly, the checklist (part of an SOP system) is used frequently to follow cleanliness and infection prevention, waste containers are available for medical, non-medical waste and sharp objects with the staff using them properly. The Health Systems Advisor provided the manager comments about the proper use of masks and gloves by members of the staff, as compliance was not optimal.

The Health Systems Advisor noticed the use of the SOP forms, used in routine daily work for checking, inspection, instructions, and recommendations. The use of these forms improves the quality of health care delivery. The infrastructure of the building was discussed with the engineering staff with some of the concerns already being considered by the DOH for rehabilitation.

The PHC clinic is using the referral system and the number of referrals is 80 patients per month. The clinic refers patients to Al- Kadhmya Teaching Hospital, Al Karkh Hospital and Al- Kadhmya Pediatric Hospital. The feedback from Al- Kadhmya Teaching Hospital is 100% while only 50% from the other hospitals.

PHC clinics are using the PHCPI/MOH-developed integrated medical record system at all levels (immunization, pharmacy, dentistry, laboratory, reception, and medical units). Some areas of the clinic do not have adequate storage for the medical records while others do.

**PHCPI Participates in a Special Scientific Session for Respiratory Diseases**

PHCPI’s Communications Advisor attended a special scientific session held on the sidelines of the Medical City Conference on December 18, 2014. An invitation was sent to the COP by the Specialized Center for Chest and Respiratory Disease and the Association Against Tuberculosis and PHCPI was represented by the Communication and Media Advisor. Dr. Jalil Al-Shimary, DG of the Medical City Directorate, and 60 participants covering different specialties attended the meeting. The session included different aspects and challenges of Tuberculosis such as epidemiology, surveillance and treatment, especially multiple drug resistant cases and TB incidence in IDP communities.

**Upcoming USAID/PHCPI Legacy Activities Discussed with the Director General of the Public Health Department**

On December 23, 2014, PHCPI’s Communications and Media Advisor conducted a meeting with the DG of the Public Health Directorate to discuss upcoming continuous USAID/PHCPI legacy activities.

1- The date of meeting with the COP was set to discuss preparation for the next TAG meeting, that will be conducted on January 20, 2014. The meeting will aim to join a common vision and learn from PHCPI’s experience to ensure the success of the first TAG meeting sponsored completely by the MOH.

2- The PH Directorate DG, directed the Health Promotion Department to ensure PHCPI’s support for the Health Promotion Sections in all DOHs to keep pace with the general direction already issued by the Media Department.

3- A meeting had been held with the Editorial Secretary to arrange for a press report about PHCP’s achievements and future plans, this will include a meeting with the COP on Sunday January 18th.

4- An expanded meeting was held with the Manger of the CDCC and attended by the Immunization Manager, the Surveillance Unit Manager, and the IDP Affairs Manager. Discussion focused on PHCPI’s current and future approaches and an expanded meeting with the COP will occur with the involvement of the CDCC Manager on January 19th.
Project Staffing

Dr. Atheer is the Regional supervisor and coordinator for KRG activities, Dr. Saif Amthal for the Central Region and Dr. Haider Saadoon is the contact for the South Region. STTA and Immunization Expert Dr. E.G.P. Haran has joined the project to support PHCPI’s immunization component including the Master Trainer Program as well as STTA and Surveillance Expert Dr. Paul Roddy to support PHCPI’s surveillance component.

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<tr>
<th>Personnel Count</th>
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<tr>
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<td>Expatriate Personnel</td>
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<tr>
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<tr>
<td></td>
<td>Sub Total</td>
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<tr>
<td></td>
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<td>Baghdad</td>
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<tr>
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<tr>
<td></td>
<td>Sub Total</td>
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<tr>
<td></td>
<td>Total</td>
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PHCPI Activities – Achievement towards Project Deliverables

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<thead>
<tr>
<th>Event’s Name</th>
<th>December 21-25</th>
<th>Total</th>
<th>Goal</th>
<th>Percent Complete</th>
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<tbody>
<tr>
<td>Training on EPI for Vaccinators</td>
<td>45</td>
<td>948</td>
<td>1,500</td>
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<td>Training on EPI for Supervisors</td>
<td>26</td>
<td>426</td>
<td>500</td>
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<td><strong>Total for EPI</strong></td>
<td><strong>91</strong></td>
<td><strong>1,375</strong></td>
<td><strong>2,000</strong></td>
<td><strong>68.75%</strong></td>
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<td>Training on Epi Info surveillance program</td>
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<td>172</td>
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<td>Orientation Workshop for Health Volunteers</td>
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<td>Immunization Master Trainers</td>
<td>27</td>
<td>48</td>
<td>80</td>
<td>60%</td>
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