

Quality of Care

WHO-Iraq

Objective: To assess and provide an overview of quality of standard health care services at the primary health care centers (PHCC) in existing IDP camps in Iraq, and to identify the factors impeding the achievement of basic minimum standards.

- **Type of assessment:** Both qualitative and quantitative tools that have been contextualized to Iraq with standard indicators to measure the primary functions related to the PHC facilities.
 - The tool consists of 16 short-listed indicators, grouped into 5 domains (technical competence, patient care, management, environment safety and satisfaction)
 - The data was collected by trained health care providers through 2 approaches (**observations** and **interviews**).

- Camps in Iraq wide assessment.

- 8 governorates of Iraq assessed:

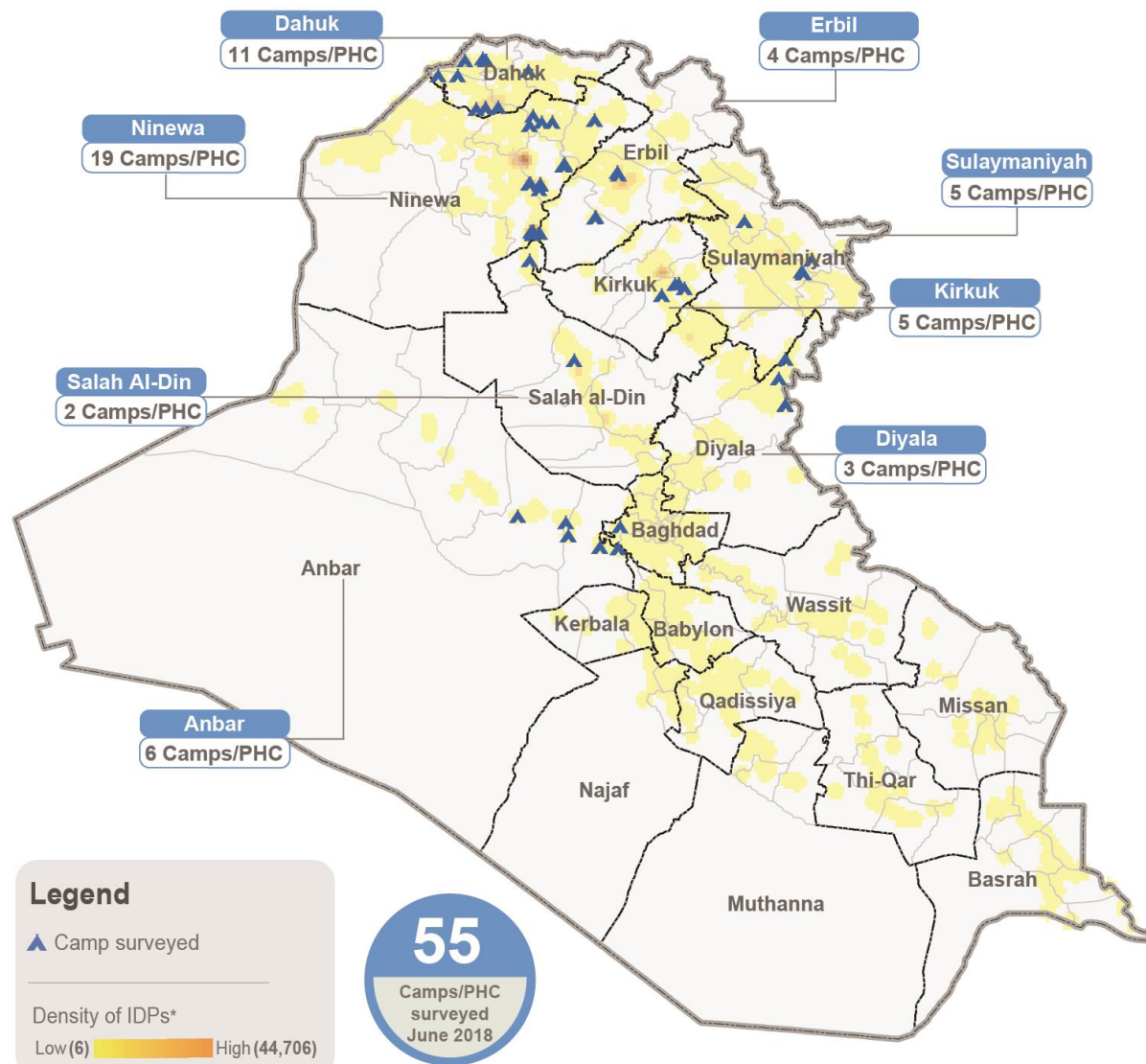
- | | |
|-----------|----------------|
| 1. Anbar | 5. Kirkuk |
| 2. Dahuk | 6. Ninawa |
| 3. Diyala | 7. Salahdin |
| 4. Erbil | 8. Sulimaniyah |

- All the 13 Teams successfully completed the quality of Care (QoC) survey for all the 55 IDP camps across Iraq. *Initially 59 camps were planned to be assessed but 4 camps closed during the planning stage.*

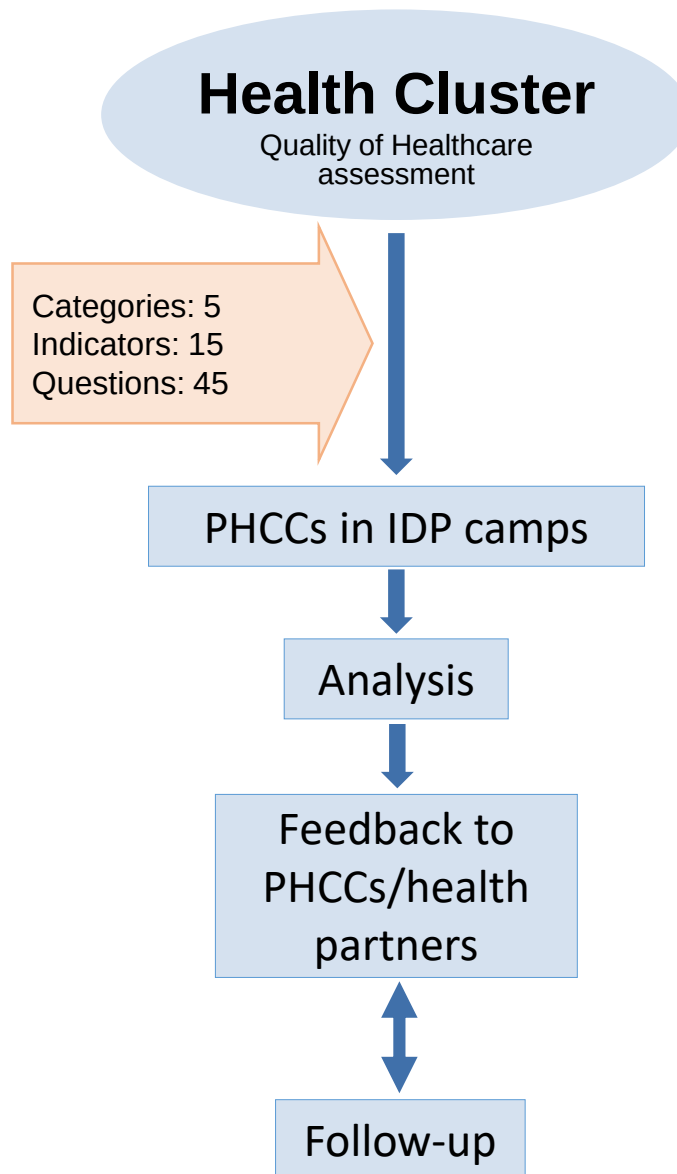
- All teams provided the data (real-time), which was analyzed.

- Data collection was supported by Iraqi Red Crescent Society .

Distribution of surveyed Camps/PHCs



*Source IOM DTM 15-6-2018



Conceptual Framework of Healthcare Quality

Planning

Identification of key aspects/information to be collected:

- | | | |
|-------------------------|-------------------------|-----------------|
| 1. Environment & Safety | 3. Client Care | 5. Satisfaction |
| 2. Management | 4. Technical Competence | |

Elaboration of questionnaire: A pilot questionnaire was elaborated in physical form with the following components

Health Facility basic information	PART 1 - Health facility observation	PART 2 - Health worker observation				PART 3 - Health Worker Interview				PART 4 - Patient Exit Interview
Date, Governorate, IDP Camp, HF name, HF RunBy	HF infrastructure, utilities-services availability, pharmaceutical supplies, medical waste management	Physician observation	Nurse BP observation	Pharmacist observation	Laboratory technician observation	Physician interview	Nurse BP interview	Pharmacist Interview	Laboratory Technician Interview	6 patients interviewed

Data collection process

Health Facilities Selection and interviews in field:

The approved questionnaire was digitalized in Kobo tool and the enumerators were sent to the field to conduct the interviews through tablets to the 55 Health facilities selected

Compilation, consolidations and data storage:

Once the interviews were done, the filled forms were stored in Kobo tool

Data management

Data validation:

In kobo tool the data was reviewed to ensure the data quality and to verify the data was filled correctly

Data cleaning:

From Kobo tool the data was downloaded in excel sheets to proceed with data cleaning. The detection of incorrect, incomplete, irrelevant or duplicated information was identified and modified

Data analysis

Method

Statistical and graphical analysis

Calculation of statistics and indicators and graphical techniques were applied in Excel to describe and illustrate the information.

Calculation of indicators:

The data to be illustrated was estimated first calculating the proportion of participation of Health Facilities in specific questions or per governorate.

For the patient interviews, information was estimated as an average of patient answers for each question or per governorate.

Description of data through graphical techniques:

Values were compared across indicators using columns charts to visualize the added information per governorate or per question.

The Health Facilities contribution per specific questions was illustrated using pie charts.

Geographical visualization

ArcGIS was used to map the 55 health facilities in each governorate and cross them with IDPs heat map

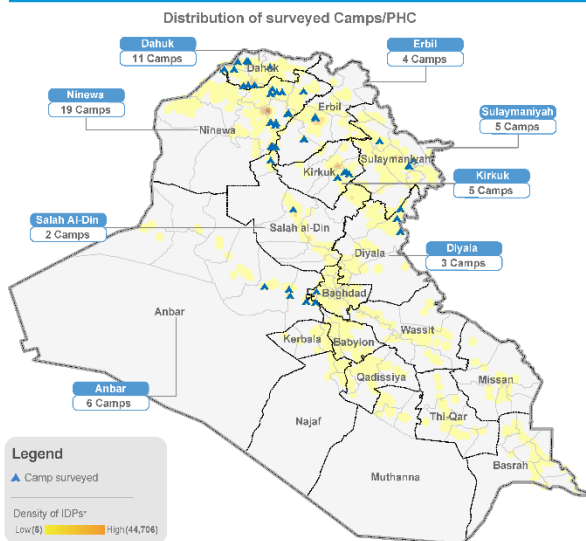
Publication

The analyzed information were added and organized in three infographics:

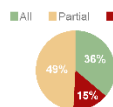
- | | | |
|--------------------------------|-------------------------|---|
| 1. Health Facility observation | 2. Clinical observation | 3. Health Worker & Patient exit interview |
|--------------------------------|-------------------------|---|

Illustrator was used to do the infographics

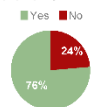
- Some Primary health care centers were consolidated throughout the assessment period.
- During the month of Ramadan, the load of patient were less then through out the year effect the sampling of beneficiaries
- The assessment was for the fixed facilities while mobile services were not included.



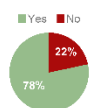
Availability of IEC material in different sections of the PHCs in IDP camps



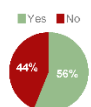
Pharmaceutical and contraceptive supplies are kept properly in IDP camps



Availability of separate water faucets and toilets for patients in PHCs in IDP camps



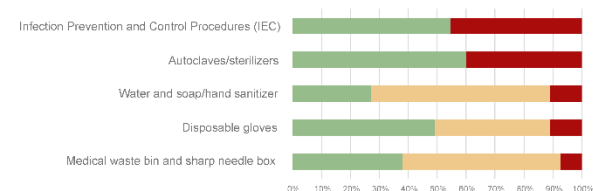
Availability of Oral Rehydration Points PHCs in IDP camps



55

Camps/PHC surveyed June 2018

Availability of Infection Prevention and Control measures at PHCs in IDP camps



78% of PHCs in IDP camps have separate water faucets and toilets for patients

76% of PHCs in IDP camps have pharmaceutical and contraceptive supplies properly kept

36% of PHCs in IDP camps have health education posters distributed at the walls in the waiting area, in the examination rooms and in MCH

55% of PHCs in IDP camps have Infection prevention procedures posted at the emergency and consultation rooms

38% of PHCs in IDP camps have medical waste bin and sharp needle box

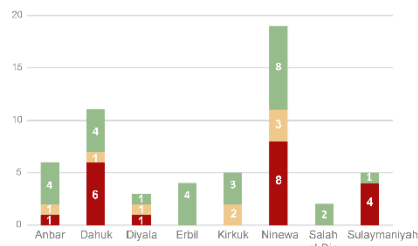
49% of PHCs in IDP camps have disposal glove in each examination rooms

27% of PHCs in IDP camps have water and soap and hand sterilizers

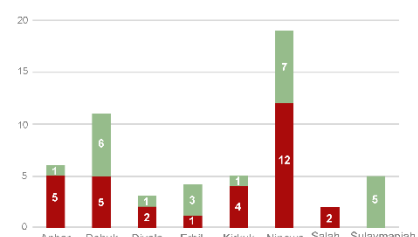
56% of PHCs in IDP camps have oral rehydration points

60% of PHCs in IDP camps have equipment for sterilization

IEC material distributed in different sections at PHCs in IDP camps

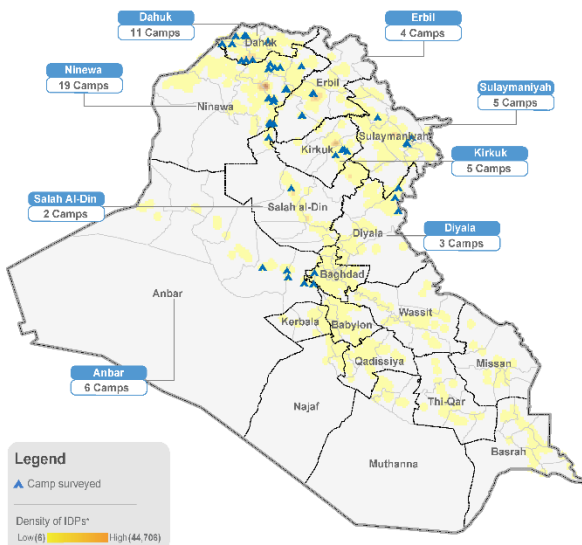


Availability of Oral Rehydration Points in PHCs



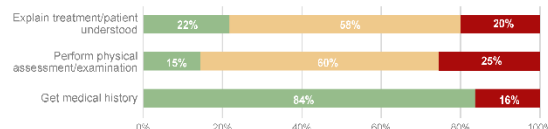
		Yes	Partial	No
Governorate	District	IEC material	Oral Rehydration points	Functional seats for clients
Anbar	Falluja	Camp 1	Yes	Yes
		Camp 2	Yes	Yes
		Camp 3	Yes	Yes
	Ramadi	Camp 4	Yes	Yes
		Camp 5	Yes	Yes
		Camp 6	Yes	Yes
Dahuk	Amedi	Camp 7	Yes	Yes
		Camp 8	Yes	Yes
		Camp 9	Yes	Yes
	Sumel	Camp 10	Yes	Yes
		Camp 11	Yes	Yes
		Camp 12	Yes	Yes
		Camp 13	Yes	Yes
	Zakho	Camp 14	Yes	Yes
		Camp 15	Yes	Yes
		Camp 16	Yes	Yes
Diyala	Khanaqin	Camp 17	Yes	Yes
		Camp 18	Yes	Yes
		Camp 19	Yes	Yes
	Erbil	Camp 20	Yes	Yes
		Camp 21	Yes	Yes
		Camp 22	Yes	Yes
Kirkuk	Makhmur	Camp 23	Yes	Yes
		Camp 24	Yes	Yes
		Camp 25	Yes	Yes
	Daquq	Camp 26	Yes	Yes
		Camp 27	Yes	Yes
		Camp 28	Yes	Yes
Ninawa	Akre	Camp 29	Yes	Yes
		Camp 30	Yes	Yes
		Camp 31	Yes	Yes
	Al-Hamdaniya	Camp 32	Yes	Yes
		Camp 33	Yes	Yes
		Camp 34	Yes	Yes
		Camp 35	Yes	Yes
	Al-Shikhan	Camp 36	Yes	Yes
		Camp 37	Yes	Yes
		Camp 38	Yes	Yes
		Camp 39	Yes	Yes
	Mosul	Camp 40	Yes	Yes
		Camp 41	Yes	Yes
		Camp 42	Yes	Yes
		Camp 43	Yes	Yes
Salah al-Din	Tilikaif	Camp 44	Yes	Yes
		Camp 45	Yes	Yes
		Camp 46	Yes	Yes
	Al-Shirgat	Camp 47	Yes	Yes
		Camp 48	Yes	Yes
		Camp 49	Yes	Yes
Sulaymaniyah	Tikrit	Camp 50	Yes	Yes
		Camp 51	Yes	Yes
		Camp 52	Yes	Yes
	Dokan	Camp 53	Yes	Yes
		Camp 54	Yes	Yes
		Camp 55	Yes	Yes

Distribution of surveyed Camps/PHC



Technical Competence

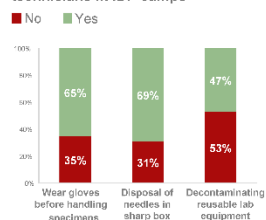
Physician performing physical assessment/obtaining medical history/expaining treatment for patients visiting PHCs in IDP camps



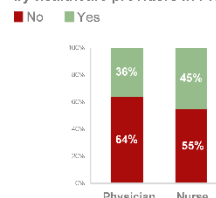
Pharmacist request info on allergies/other medication



Infection prevention practices by lab technicians in IDP camps



Practice of hand hygiene before and after patient examination by healthcare providers in PHCs in IDP camps



Privacy conditions were met for only **55%** of patients

In **16%** of PHCs in IDP camps the physician deliver health promotion messages. **55%** do it partially

67% of PHCs in IDP camps patients are notified ontime to obtain lab results by Lab technicians

Only **15%** of patients in PHCs in IDP camps were provided by full information on medication package

Only **7%** of patients in PHCs in IDP camps had a full description of drug potential side effects and how to manage them

In Diyala and Salah Al-Din camps the patients **did not** receive instructions about how to take the drug

Only **22%** of patients in PHCs in IDP camps received full instructions about the offered treatment by physicians and they had full understanding

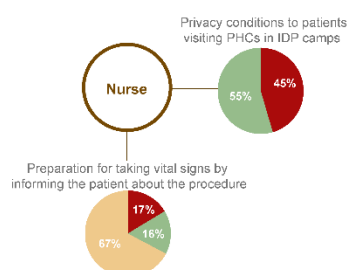
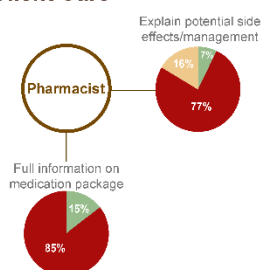
In **60%** of PHCs in IDP camps the physician followed partially the guidelines to do a physical assessment

In **84%** of PHCs in IDP camps the physician asked about the client's health and symptoms and medical history

In **64%** of PHCs in IDP camps the physicians **did not** practice hand hygiene before and after patient examination

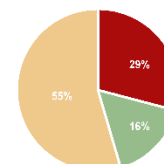
Client Care

Yes/All Partial No/None



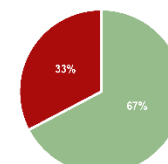
Physician

Physician delivering health promotion messages to patients visiting PHCs in IDP camps



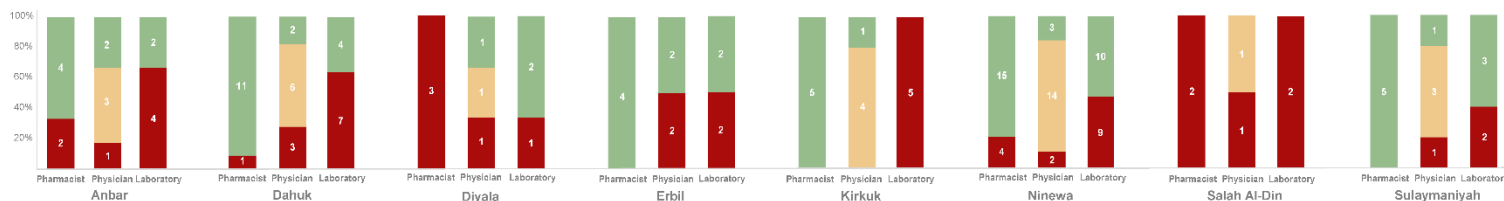
Laboratory

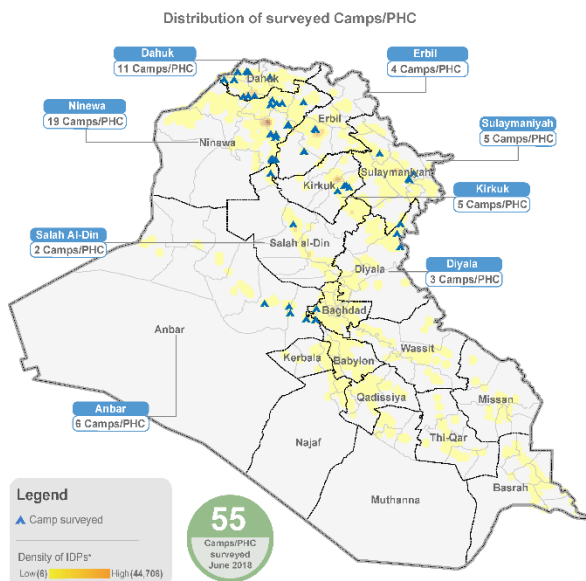
Patients being notified ontime to obtain lab results by Lab technicians in PHCs in IDP camps



The treatment/procedure was explained and it was confirmed that the client understood the instructions

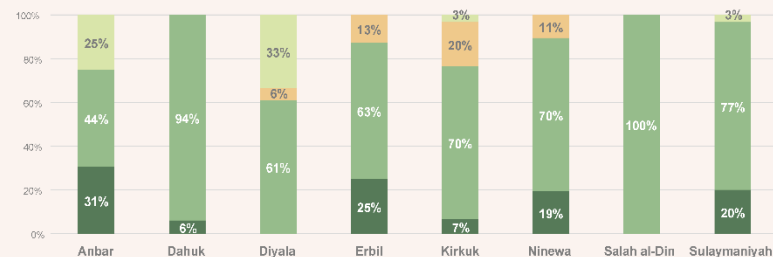
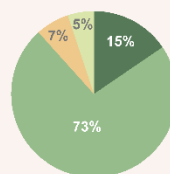
Yes Partial No





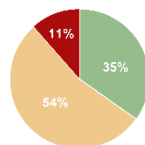
Reason for visiting the PHC today

Follow-up
Mother and Child Health
General Physician
Other



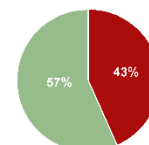
Availability of prescribed medication at time of interview to patients visiting the PHCs in IDP camps

Yes Partial No



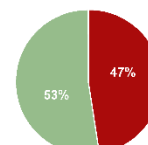
Follow up appointment for the patients in PHCs in IDP camps

Yes No



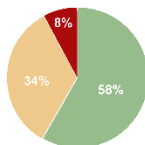
Referred patients to another Health Care Facility in PHCs in IDP camps

Yes No



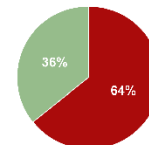
Availability of needed health services by patients visiting the PHCs in IDP camps

Yes Partial No



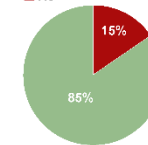
Presence of more people during the patient examination in PHCs in IDP camps

Yes No



Satisfaction with the healthcare services provided to patients visiting the PHCs in IDP camps at time of interview

Yes No



85% of the patients interviewed were satisfied in the health services provided at PHCs in IDP camps.

Lab results were explained to **100%** of the concerned patients.

71% of nurses have not received any training about Health Education in the PHCs in IDP camps.

Only **25%** of physicians have received Reproductive Health training in the PHCs in IDP camps.

For **54%** of patients in the PHCs in IDP camps the prescribed medication was partially available.

53% of physicians have received Disease Management Training in the PHCs in IDP camps.

For **57%** of patients in the PHCs in IDP camps the provider made a Follow-up appointment.

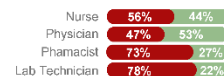
73% of patients went to the PHCs in IDP camps for a General Physician appointment at time of interview. **7%** went for Mother and Child Health.

In Salah Al-Din Governorate **100%** of patients went to the PHCs in IDP camps for General Physician appointment.

In Anbar, Erbil and Sulaymaniyah Governorates, more than **20%** of patients went to the PHCs in IDP camps for Follow-up appointment at time of interview.

Training for Health Worker

Disease management



Communication skills



Workplanning



Standards of care



Supervision



Problem solving



Reproductive Health



Infection Control



Health education



Other topics

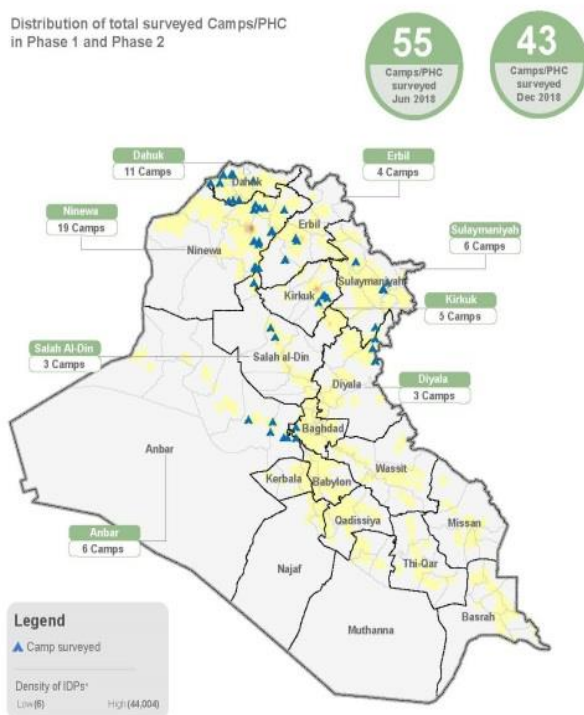


- Kept the MoH & cluster in loop from day 1 – updated regularly
- Confidence of partners was gained – No naming/shaming
- Enumerators were trained (Guidelines/SOPs)
- Calendar schedule in place; every 6 months
- Camp health facility status available
 - Off camp facilities
- IT platforms were prepared – KoBO – Mobile data collection
 - Online dashboard is linked

Comparison b/w phase 1 & 2

- Camps
 - Phase 1: 55 camps
 - Phase 2: 47 camps
 - (8 camps either consolidated/closed/PHCs closed)
- Summary:
 - 48% of the camps PHCs improved their service provision,
 - 35% of the camps PHCs have shown no change and
 - 17% of these PHCs in camps have shown a decline in service provision.
- Organizations with reduced overall rating have been contacted directly,
 - justification (maybe transition; closing down; handed over etc) has been provided to the cluster,
 - M&E is in progress

Distribution of total surveyed Camps/PHC in Phase 1 and Phase 2



The overall performance of infection prevention and control measures have improved in Phase 2 by **15%** although there has been a **4%** decrease in the usage of disposable gloves.

The performance of five PHCs in the second phase increased to the fullest when compared to that in the first phase. Three of these PHCs are in Ninevah, one each in Kirkuk and Anbar.

In the first phase, during summers **44%** PHCs had oral rehydration points activated, which has reduced to **37%** in the second phase which was conducted in winters.

In the first phase, **78%** of PHCs had separate water faucets and toilets for the use of patients. In the second phase, this increased to **95%**

In both phases more than **50%** of PHCs in IDP camps had equipment for sterilization.

In the phase 1, **38%** of PHCs had medical waste bin and sharps disposal box, which increased to **44%** in phase 2.

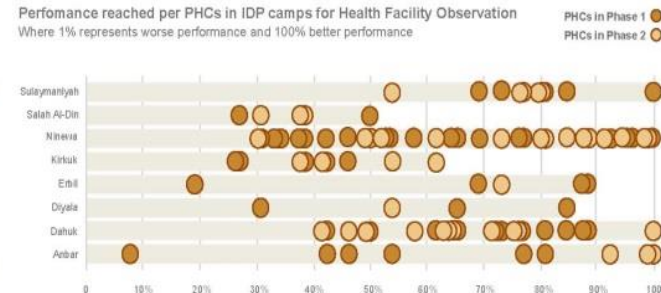
In Anbar, Ninevah and Kirkuk, the overall performance of PHCs has improved in the second phase. Most of the PHCs obtained scores that exceeded **50%**, which suggests that the performance increased by more than half.

In Anbar, the PHCs overall performance improved from the first to the second phase. In the second phase, two of three surveyed PHCs reached **100%** of the score which suggests an outstanding performance.

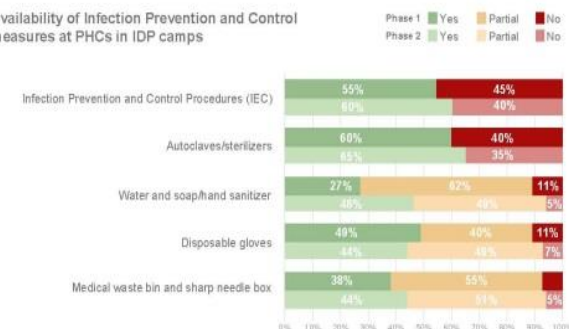
In general, the health awareness practices and the available infrastructure for patients improved in the second phase; its performance increased by around **10%**.

In the second phase, there was a substantial improvement in the distribution of posters on available services, working days and hours. This indicator increased by **38%** in the second phase.

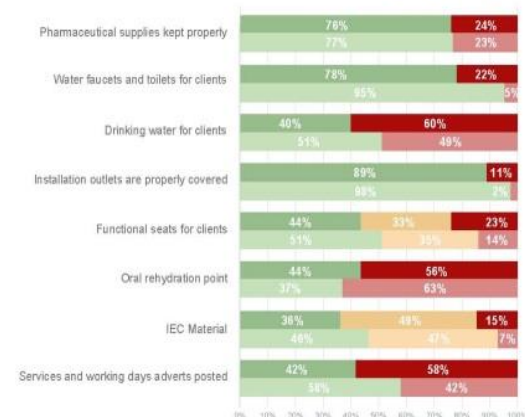
Performance reached per PHCs in IDP camps for Health Facility Observation Where 1% represents worse performance and 100% better performance



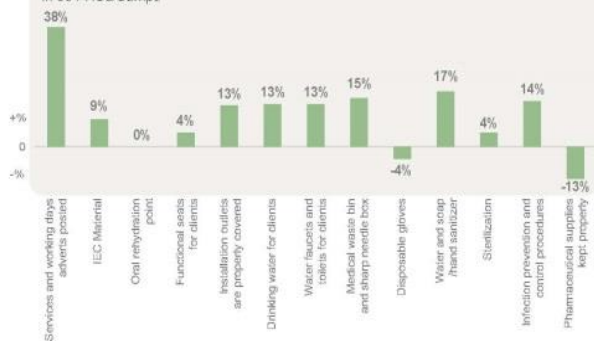
Availability of Infection Prevention and Control measures at PHCs in IDP camps



Health awareness practices and available infrastructure at PHCs in IDP camps



Variation of performance obtained per Observation Indicator. Phase 1 to phase 2 in 36 PHCs/Camps

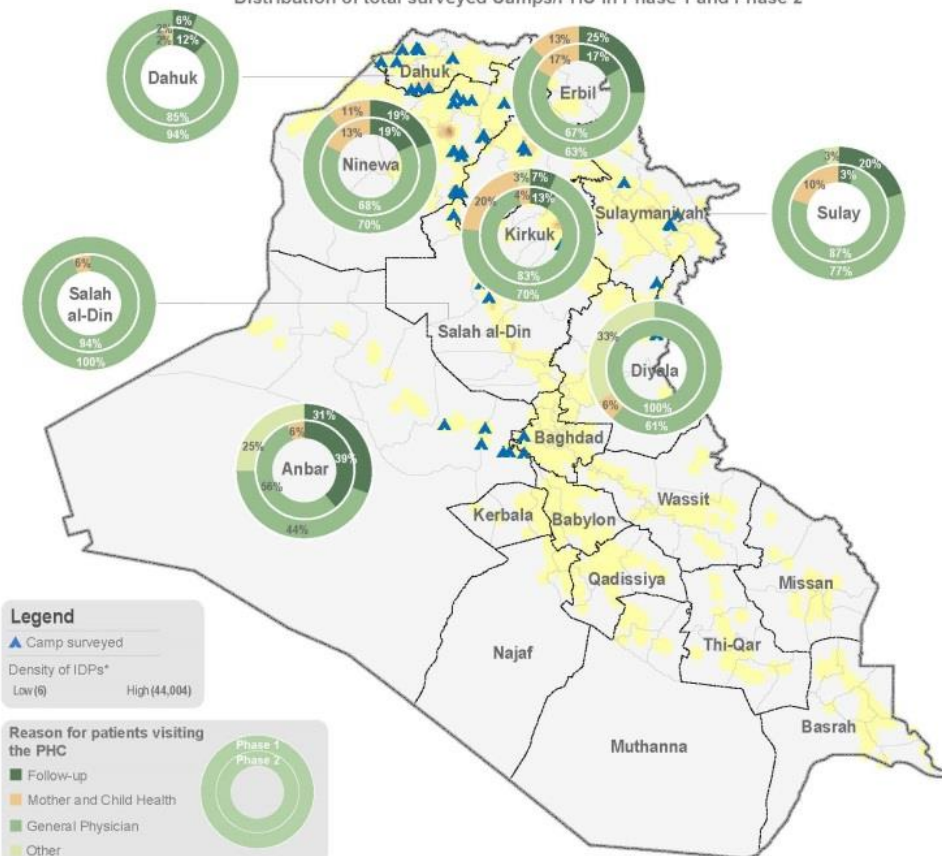


Variation of performance in Health Facility Observation. Phase 1 to Phase 2 in 36 PHCs/Camps



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Distribution of total surveyed Camps/PHC in Phase 1 and Phase 2



More than **84%** of the patients interviewed were satisfied with the health services provided at the PHCs in both phases

In the second phase, Anbar, Ninewa and Kirkuk Governorates reached more than **90%** of expected performance in patient satisfaction, patient privacy and health services provided. From the first phase to the second phase all the governorates improved their performance, except for Erbil.

In the second phase, **100%** of interviewed patients went to the PHCs for outpatient consultations in Diyala, while this was **61%** in the first phase.

In the second phase, the percentage of physicians who were trained on Infection Control methods dropped by **11%**

Disease Management, Infection Control and Health Education were the training sessions with the highest attendance in both phases. Around **50%** of health workers received training in these three topics.

In both phases, the main reason for patients visiting the PHC was an outpatient consultation

The percentage of nurses who received any training on Health Education had a rise of **22%** between phase 1 and phase 2.

In Anbar, in both phases, follow-up appointments represented more than **30%** of the patient visits to the PHCs at the time of interview

Training received by Health Workers in the phase 1 and phase 2

■ No
■ Yes
↑ Increase in the number of trained workers from phase 1 to phase 2
↓ Decrease in the number of trained workers from phase 1 to phase 2
— Without variation from phase 1 to phase 2

Nurse	Phase 1	Phase 2
Disease management	56% 44%	56% 44%
Communication skills	76% 24%	65% 35%
Workplanning	80% 20%	67% 33%
Standards of care	69% 31%	67% 33%
Supervision	87% 13%	70% 30%
Problem solving	82% 18%	72% 28%
Reproductive Health	71% 29%	70% 30%
Infection Control	49% 51%	49% 51%
Health education	71% 29%	49% 51%
Other topics	69% 31%	72% 28%

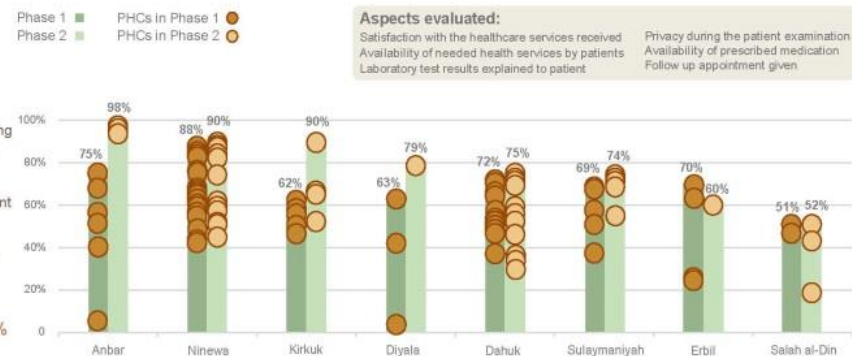
Pharmacist	Phase 1	Phase 2
Disease management	73% 27%	56% 44%
Communication skills	82% 18%	67% 33%
Workplanning	89% 11%	65% 35%
Standards of care	89% 11%	74% 26%
Supervision	89% 11%	79% 21%
Problem solving	89% 11%	72% 28%
Reproductive Health	91% 9%	63% 37%
Infection Control	67% 33%	56% 44%
Health education	76% 24%	56% 44%
Other topics	82% 18%	79% 21%

Physician	Phase 1	Phase 2
Disease management	47% 53%	33% 67%
Communication skills	76% 24%	60% 40%
Workplanning	82% 18%	60% 40%
Standards of care	65% 35%	65% 35%
Supervision	87% 13%	77% 23%
Problem solving	73% 27%	65% 35%
Reproductive Health	75% 25%	56% 44%
Infection Control	49% 51%	60% 40%
Health education	53% 47%	49% 51%
Other topics	67% 33%	67% 33%

Laboratory Technician	Phase 1	Phase 2
Disease management	78% 22%	72% 28%
Communication skills	89% 11%	79% 21%
Workplanning	91% 9%	74% 26%
Standards of care	87% 13%	72% 28%
Supervision	95% 5%	84% 16%
Problem solving	80% 20%	79% 21%
Reproductive Health	87% 13%	74% 26%
Infection Control	67% 33%	49% 51%
Health education	75% 25%	49% 51%
Other topics	84% 16%	91% 9%

Performance reached per PHCs in IDP camps according patients interview

Where 1% represents worse performance and 100% better performance



55 camps
Phase 1

47 camps
Phase 2

46 Camps assessed in Phase1 and Phase 2
1 Camp (Al Alam) inaccessible due to security situation in Phase 1

Phase 1 Conducted in May, 2018
Phase 2 Conducted in December, 2018

48% Improved 17% Declined 35% No Change Yes Partial No

Governorate	District	IDP Camp PHC	Supported by	phase	IEC Materials	Oral rehydration corner	Enough functional seats for clients	All wires covered	Drinking water for all clients	Water faucets & toilets for clients	Medical waste bin and needles box	Disposable gloves	Soap, water and hand sanitizer	Equipment for sterilization	Infection prevention and control procedures	Pharmaceutical supplies kept properly	Rate
Anbar	Falluja	Al Salam	UIMS	phase 1													
		Amriyat Al-Fallujah	Dary/DoH	phase 2													
		Bezabize Central	Dary	phase 1													
Dahuk	Amedi	Dawodia	Step-IN	phase 1													
		Bajet Kandala	PUI	phase 2													
		Kabarta 1	DOH/Heevie organization	phase 1													
	Sumel	Kabarta 2	IMC	phase 2													
		Khanke	AMAR	phase 1													
		Rwanga Community	Malteser International	phase 2													
	Zakha	Shariya	Heevie organization	phase 1													
		Bersive 1	Arbeiter Samariter Bund	phase 2													
		Bersive 2	Malteser International	phase 1													
		Chamishku	MDM	phase 2													
Diyala	Khanaqin	Darkar	ELISE CARE	phase 1													
		Al-Wand 1	DOH	phase 2													
		Qoratu	Dary	phase 1													
Erbil	Makmur	Dibaga 1	IOM	phase 2													
		Laylan	World Vision	phase 1													
Kirkuk	Daquq	Laylan 2	Medair	phase 2													
		Nazrawa	MDM	phase 1													
		Yahyawa	IOM	phase 2													
		Mamlian	Heevie/Amor foundation	phase 1													
Ninewa	Akre	As Salamyiah 1	UIMS	phase 2													
		As Salamyiah 2	PUI	phase 1													
		Hasansham U2	ADRA	phase 2													
	Al-Hamdaniya	Hasansham U3	Dama and Waha	phase 1													
		Khazer M1	BCF/IMC	phase 2													
		Salamyiah Nimrud	Dary	phase 1													
		Essian	AMAR	phase 2													
	Al-Shikhan	Mam Roshan	Heevie organization	phase 1													
		Sheikhan	IOM	phase 2													
		Haj Ali	IMC	phase 1													
	Mosul	Hammam Al-Aliel 1	Dary	phase 2													
		Hammam Al-Aliel 2	IMC	phase 1													
		Qayyarah Airstrip	UIMS	phase 2													
		Qayyarah Jad'ah 1 2	IMC	phase 1													
		Qayyarah Jad'ah 3	Heevie organization	phase 2													
		Qayyarah Jad'ah 5	Dary	phase 1													
Salah al-Din	Tikrit	Qayyarah Jad'ah 6	Dama/IMC	phase 2													
		Garmawa	IOM	phase 1													
		Al-Shirgat	Relief international	phase 2													
	Dokan	Al-Shahama		phase 1													
		Surdash	Dary	phase 2													
Sulaymaniyah	Kalar	Tazade	DOH	phase 1													
		Arbat	DOH	phase 2													
		Ashti	Emergency	phase 1													

Note: Organizations with reduced overall rating were contacted, a justification was provided to the cluster, improvement is progress. For more detail contact health cluster raheemab@who.int and relevant partner.