



OFFICE OF INSPECTOR GENERAL

AUDIT OF USAID/IRAQ'S PRIMARY HEALTH CARE PROJECT IN IRAQ

AUDIT REPORT NO. 6-267-13-013-P
JUNE 16, 2013

CAIRO, EGYPT



Office of Inspector General

June 16, 2013

MEMORANDUM

TO: USAID/Iraq Mission Director, Thomas Staal

FROM: Regional Inspector General/Cairo, Catherine M. Trujillo /s/

SUBJECT: Audit of USAID/Iraq's Primary Health Care Project in Iraq
(Report No. 6-267-13-013-P)

This memorandum transmits our final report on the subject audit. We have considered carefully your comments on the draft report and have included them, without attachments, in Appendix II.

The report includes nine recommendations to assist the mission in improving its management and oversight of USAID/Iraq's Primary Health Care Project in Iraq. Based on management's comments on the draft report and other information provided, we acknowledge that the mission made management decisions on all nine recommendations and completed final action on Recommendations 2, 4 through 7, and 9.

Please provide the Office of Audit Performance and Compliance Division with the necessary documentation to achieve final action on Recommendations 1, 3, and 8. Recommendations 2, 4 through 7, and 9 are closed upon the issuance of this report.

Thank you for the cooperation and courtesy extended to the audit team during this audit.

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Abbreviations	
The following abbreviations appear in this report:	
ADS	Automated Directives System
COR	contracting officer’s representative
FY	fiscal year
KRG	Kurdistan Regional Government
MOH	Iraqi Ministry of Health
RIG	Regional Inspector General
TraiNet	Training Results and Information Network
URC	University Research Company

SUMMARY OF RESULTS

Years of war and economic sanctions have had a significant effect on the health of Iraqi citizens. According to the Ministry of Planning, health conditions in the nation are among the worst in the region. Furthermore, the role of primary health care centers—designed to provide basic health care services—has not been a priority historically because of wars and other ongoing crises. According to USAID/Iraq, an Iraqi ministry, and researchers, the Ministry of Health (MOH) is now focusing on the centers as important venues for providing quality health care.

To support Iraq's efforts to improve the quality of its health care, in March 2011 USAID/Iraq awarded University Research Company (URC) a 4-year, \$74.9 million cost-plus-fixed-fee completion contract to implement the Primary Health Care Project in Iraq. Within USAID/Iraq, the Capacity Building Office has primary responsibility for the project. As of December 31, 2012, the mission had obligated about \$72.9 million and disbursed \$15.7 million for the project. The objective was to help MOH strengthen its primary health care delivery system so the Iraqi Government can reach its goal of providing quality primary health care to its citizens. Activities for this objective were divided among three components.

- **Management systems and processes for primary health care.** This was designed to develop management systems that ensure accessible, efficient, and quality primary health care. Deliverables included activities to develop a national-level primary health care advisory group, creating resources on management of primary health care centers, and improving staff capacity at all levels through curriculum development and training.
- **Delivery of quality primary health care.** The project and MOH collaborated to establish standards of care, create resources on clinical service delivery, implement quality improvement programs, and create a research agenda focused on strengthening the Iraqi primary health care system.
- **Community partnerships for primary health care.** This was designed to help strengthen the relationship between primary health care centers and the communities they serve. Deliverables included developing and supporting implementation of a national statement of patients' rights for primary care, creating guidelines for community participation in primary health care center services, and supporting training for health center staff on community partnerships.

URC, in collaboration with MOH, identified 360 of Iraq's approximately 1,250 primary health care centers and subcenters from each of the 18 governorates to participate in the project. In November 2012 the mission modified the contract, requiring URC to procure medical equipment for selected centers and changing the reporting periods. Thirty-six of the targeted centers—two in each governorate—were selected as model centers and designated to receive project-funded equipment necessary to provide essential services, such as X-ray and ultrasound machines, stethoscopes, diagnostic kits, and thermometers.

The Regional Inspector General/Cairo (RIG/Cairo) conducted this audit as part of its fiscal year (FY) 2013 audit plan to determine whether USAID/Iraq's Primary Health Care Project was achieving its main goals of supporting management systems and processes, delivering quality health care, and expanding community partnerships in Iraq.

URC has made progress on the project's three main components and has taken steps to address the sustainability of its activities.

Management Systems and Processes. The project, in coordination with MOH, established a national technical advisory group for quality primary health care and supported ongoing group meetings. This group brought together multiple ministries and donors to share information on activities affecting the delivery of primary health care and to discuss what needed to be done to improve service delivery. The project developed and provided training to primary health care staff on quality standards and operational guidelines to manage the centers better. It also worked with MOH to develop and test a revised medical records system in 40 centers; based on that testing, the system was being revised again so it could be used in additional centers.

Delivering Quality Care. As of December 2012, URC had worked with MOH and technical experts to review or develop 15 clinical standards and protocols addressing issues such as communicable disease control, maternal and child nutrition, hypertension, and diabetes. The project then trained primary health care staff from the targeted centers on these standards. However, efforts to measure the effect of this training have not yet started (page 5).

The project also developed a research agenda on relevant primary health-care topics. Based on this agenda, the staff and MOH conducted two studies—one on recording and reporting maternal deaths, and another on a program in Maysan Governorate designed to collect health information. The staff also worked with MOH to identify equipment that the targeted centers needed to improve the quality of their services.

Community partnerships. URC developed materials to help centers develop community partnerships; as of December 2012, it had provided training on partnerships to employees from more than 330 centers. Project employees also worked with MOH to launch a national statement of patients' rights in primary health care. URC gave information on these rights to targeted centers through posters and brochures, shown in the photo below, so they could then share the information with their employees and clients.



Copies of the national statement of patients' rights in primary health care are available in a primary health care center in Baghdad. (Photo by RIG/Cairo, February 28, 2013)

USAID/Iraq and URC also took steps to make sure these activities could be sustained in much of Iraq by signing memorandums of understanding with MOH and the Kurdistan Regional Government's (KRG) Ministries of Health and Planning.¹ In these memorandums, the ministries state their intent to support and collaborate with the project and to provide cash or in-kind support throughout its duration. In keeping with U.S. legal requirements, MOH agreed to contribute additional funds equal to at least 50 percent of USAID's total project costs, and, as of March 2013, USAID/Iraq reported approximately \$70 million in cost share commitments—approximately \$14 million each year through 2015. The cost share contributions have supported a variety of activities including training and printing project materials.

Further, URC has worked to increase project results and sustainability by actively involving MOH in the development of guidelines and materials related to primary health care services and using MOH and center employees as project trainers. The MOH official who closely coordinates with URC noted that the project's guidelines were designed to meet Iraqi needs and fit within the context of health care in Iraq. Further, by using MOH and primary health care center employees as the primary trainers for centers, the project has created a resource for MOH to use in the future. The MOH official said the ministry fully intends to continue to use these people to provide training on project-developed resources to additional centers.

Information obtained during site visits suggests that the resources developed by the project and related training were well received by primary health center employees. For example, at one center, a staff member who participated in training on medical equipment maintenance said he used what he learned to devise his own maintenance schedule for all of the major equipment in the center. At another center, employees said the training helped them establish a local health committee, made up of well-respected community members, to share health information with the community. Since then, the employees said they had seen a change in attitude in the community toward the health center and an increase in the use of its services.

Despite these successes, some project deliverables were late (page 5). Since deliverables to measure the effect of project's activities had not begun, the audit team could not determine the project's overall impact on Iraq's primary health care. Additional concerns identified during the audit are listed below.

- Steps to promote the sustainability of the project in Kurdistan were limited (page 6). The project did not address language considerations when implementing activities there.
- The mission did not include a requirement to track cost share requirements in URC's contract (page 7). USAID/Iraq relies on URC to track the extent to which MOH is contributing its required cost share.
- Staff members at some primary health care centers did not understand the purpose of equipment assessments; other centers did not receive copies of the assessments when they were done (page 8). URC and MOH assessed the centers as part of the project's plan to provide medical equipment to them.
- USAID/Iraq's oversight of URC contract administration was weak (page 9). USAID/Iraq did not identify multiple instances in which URC either did not comply with contract requirements or did not pay attention to them.

¹ Kurdistan is an autonomous region composed of Erbil, Sulimaneya, and Duhok Governorates.

- The project did not have performance management or annual work plans (page 13). URC had not developed an annual work plan for the project's third year. Additionally, more than 4 months after the contract was modified, USAID/Iraq had not approved a revised performance management plan.

The audit recommends that USAID/Iraq improve the effectiveness of the project and mission operations by doing the following.

1. Prepare a written evaluation of project deliverables to determine the extent to which they can be accomplished in the time remaining, and adjust the deliverables and budget based on the results of the evaluation (page 6).
2. Issue a technical directive to University Research Company to (1) expedite the translation of project materials and training curricula into Kurdish, prioritizing those most needed, and (2) develop a protocol to confirm that future products are translated as appropriate and that interpretation is available for trainees if needed (page 7).
3. Modify its contract with University Research Company to incorporate tracking the Ministry of Health's cost share (page 8).
4. Issue a technical directive requiring University Research Company to provide officials at all surveyed primary health care centers with the written results of the center's assessment, information on the planned use of the assessment results, and names of contacts with the project and the Ministry of Health to be sure they are notified of significant changes at the primary health care center level (page 9).
5. Implement procedures to confirm that (1) University Research Company is entering required data on in-country training in the Training Results and Information Network, and (2) mission staff members are monitoring that activity (page 13).
6. Implement procedures to confirm that (1) University Research Company is submitting required documents to the USAID Development Experience Clearinghouse and (2) mission staff members are monitoring submission (page 13).
7. Issue a technical directive clarifying the expected reporting periods for project plans and reports (page 13).
8. Document its review of the project's electronic and hard copy files to confirm that required documents are in the official file, duplicate documents are removed, and drafts and final documents are identified clearly (page 13).
9. Direct University Research Company in writing to finalize the fiscal year 2013 annual work plan and revised performance management plan, and that USAID/Iraq document its approval of these plans within 30 days of their submission (page 14).

Detailed findings appear in the following section, and the scope and methodology appear in Appendix I. Management comments, without attachments, are in Appendix II, and our evaluation of them is on page 15.

AUDIT FINDINGS

Project Deliverables Were Late, and Indicator Targets Were Not Met

USAID/Iraq's contract with URC listed numerous deliverables and related deadlines. As of December 2012, the project had not finished 16 out of 40 deliverables—40 percent—due in the project's first and second years.² Six of these were compliance deliverables, intended to measure the effect of the project by measuring the extent to which materials and training provided were used in primary health care centers. (Appendix III has additional information.)

According to the initial contract, many of the incomplete deliverables were scheduled to be done by March 2012, the end of the first year. However, in November 2012 the mission modified the contract and shifted the reporting period to October through September, aligning with the federal fiscal year. As a result, URC and the mission considered the first 7 months of the contract—March through September 2011—as the first project year. The second and third project year will run from October through September, and the last year, which ends in February 2015, will be 17 months long.

Because the first year was shortened, many of the deliverables due during that period were moved to the revised second year. This shift, in effect, gave URC an additional 7 months to complete those deliverables. Yet by the end of the second year, nine deliverables moved from the first to second year were not done. Further, URC had not started collecting information for the project's compliance deliverables, three of which were scheduled originally to start during the first year.

Other unfinished deliverables included activities in two areas that MOH identified as being particularly important: quality improvement processes and improving the quality of supervision in primary health centers.³ In both cases, URC took initial steps to work with MOH to develop resources—required project deliverables—for each activity. Yet, as of December 2012—early in the third year—training for health centers on the resource materials and how to put them into practice had not started, even though it should have in the second year.

URC also had trouble meeting deadlines for several indicator targets. As of February 2013, it reported meeting only 4 of 25 indicators (16 percent) established in its July 2012 performance management plan and its February 2013 draft performance management plan.

URC reported multiple reasons for the delays, including staffing challenges and a focus on other project activities. It had difficulty recruiting and retaining staff. As of the end of December 2011—10 months into the project—only 48 of 71 jobs (68 percent) were filled, although URC anticipated filling another 11 positions (15 percent) in January 2012. It reported difficulties in securing visas for non-Iraqi staff once the candidates were offered jobs. By March 2013, several

² As of March 2013, the end of the project's original second year, the project had submitted only two additional deliverables, as shown in Appendix III.

³ URC had developed a quality improvement system, including plans for introducing the system into primary health centers, and a resource manual on supportive supervision, including roles and responsibilities of supervisors and checklists they could use when monitoring employees' performance.

employees had left; nine resigned within a 3-month period in 2012, including the deputy chief of party and director of quality clinical care—two key positions.

URC officials attributed some of these departures to internal management issues, and in December 2012 they dismissed the chief of party. In March 2013 they found a candidate for the job, whom the mission approved. However, that person subsequently declined the offer. As of February 2013, approximately 17 percent of the project positions were vacant, including the chief of party position.

URC reported that the compliance deliverables—designed to measure the extent to which materials and training were being used—were late because URC spent the first 2 years developing and providing them. However, during that same period, URC developed multiple resources for health centers and provided multiple trainings on those resources. While URC officials conducted an initial baseline assessment of centers in September 2011 and another mini-assessment in October 2012, those assessments did not review the actual effect of materials or training, nor did they identify areas for potential improvement.

As a result of these delays, there is an increased risk that remaining deliverables may be implemented poorly or not at all if URC rushes to make up for lost time. Further, because URC had not yet reviewed the overall effect of deliverables, neither it nor the mission had the information necessary to adjust already-implemented deliverables. Therefore, we make the following recommendation.

***Recommendation 1.** We recommend that USAID/Iraq prepare a written evaluation of project deliverables to determine the extent to which they can be accomplished in the time remaining, and adjust the deliverables and budget based on the results of the evaluation.*

Steps to Promote Sustainability in Kurdistan Were Limited

USAID's Automated Directives System (ADS) 201, "Planning," emphasizes that missions should use the resources of host countries and others to maximize the impact of development assistance, and asks missions to consider social and cultural soundness in program design. Furthermore, according to ADS 202.3.5.3, "Supporting Coordination and Collaboration with Partners, Host Country Entities, Other Donors, and Customers," USAID has a critical role as a coordinator with respect to its partners and host-country governments.

Some of the primary health care project's activities were carried out in Kurdistan, a federal region in northern Iraq. The region has its own government, and the Iraqi Constitution recognizes its language—Kurdish—as one of the nation's official languages. However, the project's sustainability in this region is questionable because the project had not accommodated the regional language needs. The approved year 1 work plan notes that training curricula would be translated into Kurdish, and the project's weekly reports refer to Kurdish translation as early as January 2012. However, as of March 2013, URC had not finished translating any of the handbooks, guidelines, or standard operating procedures. In addition, posters and brochures providing information on health subjects and patient rights for primary health care center clients were translated and printed, but had not yet been delivered. URC officials reported that they did not add a full-time Kurdish translator to provide the needed translation until after the

November 2012 contract modification approved this additional position. A full-time translator was hired in December 2012—20 months into the project.

KRG officials and primary health care center staff at all four sites the audit team visited said the materials and training needed to be in Kurdish. The officials added that project trainers should also be able to provide training in Kurdish, not just Arabic or English. This concern was echoed by USAID/Iraq's field monitors, who observed training conducted in Kurdistan; in multiple reports submitted to USAID/Iraq, these monitors said participants did not speak Arabic and had to rely on fellow trainees for interpretation.

These problems occurred because USAID/Iraq's contract with URC did not include a requirement to make materials available, as needed, in Kurdish, or that training be provided in the appropriate language. Mission officials could not explain to the audit team why this happened because none had been at the mission when the contract was created. Further, URC officials explained that trainings and materials were available in English because many primary health care center providers in the region speak English; however, information provided by center employees and observations of USAID/Iraq field monitors indicated that this was not sufficient.

Not accounting for the needs of beneficiaries limits the project's success and sustainability in Kurdistan. While URC officials said the materials are in the process of being translated, they have been reporting similar efforts to translate materials since early in the project, with no actual results to date. Therefore, we make the following recommendation.

***Recommendation 2.** We recommend that USAID/Iraq issue a technical directive to University Research Company to (1) expedite the translation of project materials and training curricula into Kurdish, prioritizing those most needed, and (2) develop a protocol to confirm that future products are translated as appropriate and that interpretation is available for trainees if needed.*

Responsibility for Tracking Cost Share Contributions Was Not Formalized

By law, the Iraqi Government must contribute additional funds equal to at least 50 percent of USAID's investment for projects that directly benefit, involve, or are in the direct interests of the Iraqi Government, excluding project costs related to security.⁴ The contribution can be cash or in-kind support and can be provided at any point during the project. According to USAID/Iraq's mission order (103.3.5.1) on the implementation of the cost share requirement, this helps generate and maintain a host country's commitment to projects and facilitates stronger relationships with the host-country counterpart. While the relevant government must report on its cost share contribution, the mission order also specifically allows the mission to require contractors to track and report on these contributions. USAID/Iraq is directed by law to withhold additional funding for the project if MOH does not contribute its share.

⁴ Public Law 112-74, Section 7041(d)(1), requires that foreign assistance for Iraq use Iraqi entities to the maximum extent possible and states that foreign assistance must comply with the State Department's guidelines related to U.S. Government-funded civilian assistance projects.

In September 2011 USAID/Iraq and the Iraqi MOH signed a memorandum of understanding in which MOH agreed to contribute additional funds equal to at least 50 percent of the project's total costs. According to mission officials, MOH agreed to provide \$56 million during the contract period and an additional \$14 million to activities after it ends.

URC has tracked and reported on MOH's contribution at USAID/Iraq's request, in part because it had access to the relevant data and because URC officials considered this tracking to be part of successful project implementation. As of March 2013, the majority of MOH's contributions were related to training activities. Given that URC collects information on trainings as part of its contract deliverables and indicators, collecting information to calculate the MOH cost share required relatively little additional effort on URC's part.

However, when the mission modified the contract in November 2012, USAID added a requirement that URC procure medical equipment for 36 model centers from the 360 targeted by the project. In addition to the equipment URC will procure, MOH also agreed to provide equipment to all 360 centers. According to USAID/Iraq officials, this procurement will account for the bulk of MOH's cost share contribution.

While URC's contract has no project deliverables related to the MOH-procured equipment, URC officials reported that employees will track cost information on the equipment cost share for USAID/Iraq because they consider it to be part of ensuring the project's overall value. However, there is no provision in URC's contract requiring it to do this, and tracking the delivery and use of the equipment has the potential to use substantial project resources and to divert staff from other contractually required deliverables. Mission officials could not provide the audit team any information on why the contract did not formalize tracking of MOH's cost share contribution in the first place because they were not at the mission when it was signed.

The equipment should allow center employees to use the skills gained through project-supported trainings and use the project's resources better —thereby contributing to overall sustainability. In addition, officials from a nonmodel primary health care center said the equipment was important to their center and credited the project, not MOH, for getting it. So not providing this equipment could reflect poorly on the project and USAID.

While MOH is responsible for reporting its own cost share contribution, given the importance of the project's equipment component and the potential drain related to using project resources designed to support other activities to track the MOH cost share, we make the following recommendation.

Recommendation 3. *We recommend that USAID/Iraq modify its contract with University Research Company to incorporate tracking of Ministry of Health's cost share.*

Some Centers Did Not Know About Equipment Assessments or Their Purpose

ADS 202, "Achieving," emphasizes the importance of maintaining open, frank communications with host-country counterparts and partners. ADS 203, "Assessing and Learning," notes that part of learning is capturing and sharing "information and knowledge, including . . . findings from evaluations, research, practice, and experience."

In preparation for the November 2012 contract modification, URC and MOH conducted assessments of the 360 primary health care centers the project targeted to identify equipment needs. Any necessary equipment would then be purchased by either URC or MOH. According to its weekly reports to USAID/Iraq, URC analyzed the data collected from the centers and presented the completed assessments to MOH in November 2012.

During the audit site visits the team conducted in March 2013, some center directors and employees were either unaware of the assessments or did not understand their purpose and the results. In two of four centers in northern Iraq, directors were not aware of the assessment or of the efforts to procure equipment for their centers. Another director knew about the assessment and had helped the assessment team; however, he did not receive the results or information on what they meant for the center. A director of a center in southern Iraq said she was aware of the assessment and had received the results. However, after receiving them, she took steps to get the equipment identified, indicating she did not know that either the project or MOH intended to get it, though this was the purpose of the assessment.

Some project employees were not clear on the scope and results of the assessments, though URC officials said they had received the information. During site visits in one region, the project's regional office employees initially believed that equipment needs had been assessed only at the 36 model centers and were not familiar with the results of the assessments of the other centers. While these employees were new to the project, this could indicate problematic communication between staff at the main office in Baghdad and the regional offices.

The lack of clarity on the purpose and results of the equipment assessment resulted from poor communication between URC and MOH. URC officials said they shared the results with MOH in November 2012 and with the 36 model centers in March 2013. However, URC did not immediately and directly share the results with the other 324 centers or verify that MOH did so. Instead, URC officials said they would be willing to assist in sharing the results of the assessment with these centers if MOH asked them.

URC officials said they planned to visit the 36 model centers in late March 2013 to confirm that the identified equipment was still needed. However, despite MOH's goal of procuring equipment for the remaining 324 centers, it is unclear whether the ministry will take steps to share assessment results with them. Making sure that clear information was provided at the start of the process and soliciting feedback from the centers on the results of the assessment could help confirm that the results accurately reflect centers' needs. Therefore, we make the following recommendation.

Recommendation 4. *We recommend that USAID/Iraq issue a technical directive requiring University Research Company to provide officials at all surveyed primary health care centers with the written results of the center's assessment, information on the planned use of the assessment results, and names of contacts with the project and the Ministry of Health to be sure that they are notified of significant changes at the primary health care center level.*

USAID/Iraq Oversight of Contract Administration Was Weak

USAID/Iraq's contract with URC laid out multiple regulations and requirements, and stated that the evaluation of URC's performance was to be based in part on its understanding of and

adherence to USAID regulations and procedures. According to the contracting officer's representative's (COR's) designation letter, the COR is responsible for monitoring URC's performance and verifying any progress toward contract goals. Further, the designation letter notes that COR files are a key monitoring tool, noting, "Inadequate files will impede . . . successor [CORs'] ability to manage the contract and therefore may jeopardize the program for which it was awarded."

USAID/Iraq found problems with URC's contract administration, particularly related to staffing, and took steps in late 2012 to address them. However, the audit team observed other instances in which the mission did not identify or address URC's failure to comply with contract requirements or pay attention to administration.

- **Compliance with training reporting requirements.** ADS 253, "Participant Training for Capacity Development," requires that information about any participant training exceeding 2 days or 16 hours, including in-country training, be entered into USAID's Training Results and Information Network (TraiNet) within 30 days of the end of each federal FY quarter. In November 2012 USAID/Iraq issued a mission order reinforcing the TraiNet requirements. A reference to ADS 253 and these requirements were included in URC's contract. However, URC did not enter any information on trainings and trainees in TraiNet, despite having trained staff from more than 330 centers as of December 2012. Further, during interviews with the audit team, URC officials said they were aware of the requirement, but had no reason for not complying.
- **Submission of project materials to USAID database.** ADS 540, "USAID Development Experience Information," and URC's contract required that selected project reports and products be submitted to the Agency's Development Experience Clearinghouse, which provides "accurate, comprehensive, and timely information on the Agency's development experience." URC's contract required it to submit final copies of all original quarterly and annual reports, as well as evaluations, studies, and assessments, to the clearinghouse when it submitted the final versions of these documents to the COR. However, as of January 2013, only one document—a map of the 360 centers—was available in the clearinghouse, despite the fact that URC had submitted multiple final reports to the COR.
- **Correct invoice references.** URC's contract required it to provide expenditure information broken down by budget categories. In November 2012 the project contract was modified to reflect changes to project deliverables and deadlines. As part of these changes, the project's budget also was modified. However, as of January 2013, URC had not yet adjusted the budget information included in its monthly invoices to USAID. After the audit team found this problem, URC agreed to take steps to correct the issue and use the appropriate project budget in upcoming invoices.

USAID/Iraq did not document significant project decisions consistently, and staff members did not know about discrepancies between deliverable and indicator units of measure. Further, they could not always respond to the audit team's questions about changes that had taken place during the project.

- **Key documentation.** The audit team found evidence in the project files that the COR reviewed documents and activities. However, certain key documents and information providing historical context were difficult to locate. For example, we could not find documentation showing that the COR gave final approval of deliverables and required

reports, and final versions of approved documents could not be identified easily in the hard copy or electronic files.

- **Deliverable and indicator unit of measure.** Under the contract, URC provided training to primary health care center employees on quality control standards and clinical protocols, and it reported to USAID/Iraq on the number of centers trained as one of its deliverables. However, the audit team determined that while the deliverable was designed to measure the number of centers trained, the related performance management plan indicator measured the number of center employees trained. Mission staff members were not aware of this discrepancy and agreed that it should be addressed.
- **Project performance periods.** After the former COR left in February 2013, remaining USAID/Iraq officials were not clear on the project's performance periods and how the change to a FY cycle affected the reporting on project deliverables and targets. They provided an initial explanation, but contacted URC for information to clarify their understanding of the revised reporting periods. The contracting officer reviewed the contract and contract negotiation documents with the audit team and confirmed that the contract included no clear explanation of the revised reporting periods and how they related to the deliverable reporting periods.

The problematic oversight of URC's contract administration, lack of key documentation, and confusion on project measures and performance periods was caused by multiple factors, which are listed below.

- **Required reporting.** Officials from USAID/Iraq's Capacity Building Office, including the former, current, and proposed COR, were not aware of the TraiNet requirement and believed that in-country training did not have to be entered into this database. This was despite clear language in the mission order stating that contractors, including URC, are required to report on in-country training, and that CORs are responsible for monitoring compliance with this requirement.

Similarly, USAID/Iraq officials were not aware that URC was required to submit information to the Agency's clearinghouse regularly; they believed submission was only required at the end of the project. This was despite inclusion of the required time frame for submissions in the contract.

- **Staffing changes.** Between October 2012 and March 1, 2013, the mission decreased its number of occupied staff positions from 95 to 62, a 35 percent drop. This included a reduction from 32 to 20 U.S. direct hire positions, 7 to 5 U.S. personal service contractor positions, and 25 to 6 third-country national positions. The Capacity Building Office, which was responsible for the project, was reduced from 10 to 8 employees—a decrease of 20 percent—and the majority left at the end of February 2013. In addition to the primary health care project, the office is responsible for two other projects, worth \$233 million; the office's projects account for 36 percent of the mission's total portfolio.

While USAID/Iraq is used to frequent turnover, the scale and speed of the downsizing was unusual. The mission did not know the total number of employees departing until December 2012, and that left little time to train those who remained. The COR—the second one for the project—left as part of the downsizing, and so did the health team lead who provided significant support. The COR reported making some efforts to share information on

the project with a potential future COR. However, when the COR departed post, the person identified to take on the COR role was out of the country, so the office director was designated the project COR. While the office director had been involved with the project since its inception, a staff person at this senior level would not have the same level of project knowledge as a COR.

- **Poor project files.** The COR in place through February 2013, who had been a COR for more than 9 years, confirmed that he did not put documentation in the project files showing that deliverables and reports had received final approval. He acknowledged that maintaining this documentation, along with the final approved version of each deliverable, would have been helpful to future CORs.

Documents in the project's electronic files were kept in multiple and redundant folders, with no way to differentiate drafts from finals. According to USAID/Iraq officials, all key project documents should be found in an electronic folder entitled "PII" on the relevant technical office's network drive.

However, a review of that folder found that many key documents were not included or updated. As of March 7, 2013, no weekly reports past January 2013 were in the folder. Similarly, while the project was into its third year, only the first year's work plan was in the folder. Additional electronic files were maintained in both a project-specific folder on the relevant office's network drive and on the former COR's personal network drive.

Prior to departing post, that COR transferred project files from the personal drive to the office's project folder. However, documents were moved wholesale into an electronic project folder, rather than being filed in the appropriate existing folders. As a result, the electronic project folder contained duplicate documents, with little or no way to determine which documents were final, which were in draft, or which were no longer relevant.

- **Modified reporting periods.** In November 2012, the project's fourth contract modification changed the project year from March-February period to an October-September period, consistent with the federal fiscal year. However, the contract and contract negotiation documents did not clarify how this change would affect project reporting. Further, the contract laid out timelines for deliverables, but did not show what month these revised timelines referred to; rather, the contract simply referenced "Year 1" through "Year 4."

Other documents were equally unclear on project periods and reported on several in one document. For example, in its FY 2012 annual report, URC reported information for three different reporting periods: (1) the narrative reported on activities for the period April 2012 to September 2012, (2) the deliverable results reported for the period March 2011 to September 2012, and (3) the project indicators and results reported for the period October 2011 to September 2012. The performance management plan submitted in draft in February 2013 referred to targets for Year 1, FY 2012, FY 2013, and FY 2014, but provided no information on what period was included in Year 1. When combined with the staffing changes and poor project files previously discussed, the lack of clarity in the contract on the modified reporting periods caused confusion.

Not ensuring that URC complied with the contract's reporting requirements limits USAID's ability to learn from project activities, and provide accurate, timely information to Congress and other interested parties. Confirming that URC provides accurate information is integral to ensuring that the project will be monitored effectively. Project files that are clear, complete, and

accessible are integral to ensuring continuity of oversight and proper accountability over USAID/Iraq projects. Consequently, we make the following recommendations.

Recommendation 5. *We recommend that USAID/Iraq implement procedures to confirm that (1) University Research Company is entering required data on in-country training in the Training Results and Information Network and (2) mission staff members are monitoring that activity.*

Recommendation 6. *We recommend that USAID/Iraq implement procedures to confirm that (1) University Research Company is submitting required documents to the USAID Development Experience Clearinghouse and (2) mission staff members are monitoring submission.*

Recommendation 7. *We recommend that USAID/Iraq issue a technical directive clarifying the expected reporting periods for project plans and reports.*

Recommendation 8. *We recommend that USAID/Iraq document its review of the Primary Health Care Project in Iraq's electronic and hard copy files to confirm that required documents are in the official file, duplicate documents are removed, and draft and final documents are identified clearly.*

Performance Management and Annual Work Plans Were Not Finalized

URC's contract required it to submit an annual work plan with monthly activities and tasks to be undertaken by the contractor no later than "30 days prior to the start of the next year of performance." The contract also noted that the performance management plan—a plan designed to allow both USAID and URC to monitor project progress—is subject to annual review and updating.

Despite these requirements, as of March 2013 URC did not have an approved work plan in place, and the COR had not approved a revised performance management plan.

Work Plan. Five months into FY 2013, URC had not yet developed an annual work plan for the project's third year, even though the second year's original plan ended in February 2013.

According to URC officials, when the fourth contract modification was signed and the project's reporting period shifted to the federal fiscal year, the project had an annual work plan in place covering March 2012 to February 2013. Because of this change, USAID/Iraq advised URC to submit a supplemental work plan covering March 2013 to September 2013 and gave URC until March 30, 2013, to submit a work plan. However, even under the original reporting period, a revised annual plan should have been submitted no later than January 2013—30 days before the end of the existing one. While URC anticipated submitting the new plan by the end of March 2013, when we did our audit the project was implementing activities with no agreed-upon work plan in place.

Performance Management Plan. Because the November 2012 contract modification added and deleted deliverables, URC submitted a revised performance management plan in early February 2013. While USAID/Iraq officials reviewed the document, they did not anticipate that it

would be approved before mid-March 2013. They said the delay occurred because the monitoring and evaluation specialist left the mission as part of the reduction in staff. USAID/Iraq planned for this person to return to Iraq as an employee of the mission's monitoring and evaluation contractor. Once that happened, the mission would once again review the plan and finalize it.

However, since the COR is responsible for approving the performance management plan, the mission could have finalized it without waiting for the monitoring and evaluation specialist to return. Annual work and performance management plans, both required by the contract, are key elements in ensuring that USAID/Iraq can monitor URC's progress toward contract deliverables effectively and consistently. Further, given the significant staffing transitions within URC and the mission, these plans provide an agreed-upon guide for activities.

Therefore, we make the following recommendation.

Recommendation 9. *We recommend that USAID/Iraq direct University Research Company in writing to finalize the fiscal year 2013 annual work plan and revised performance management plan, and that USAID/Iraq document the approval of these plans within 30 days of their submission.*

EVALUATION OF MANAGEMENT COMMENTS

In its comments on the draft report, USAID/Iraq agreed with all nine recommendations. We have acknowledged management decisions for Recommendations 1, 3, and 8. Final action has been taken on Recommendations 2, 4 through 7, and 9, and these are closed upon issuance of the audit report. We agreed with all decisions.

Recommendation 1. USAID/Iraq has decided to end the project 6 months earlier than planned—in September 2014—and mission officials are working with URC to adjust remaining project deliverables based on this revised schedule. The target completion date for this action is August 3, 2013. As a result, we acknowledge that the mission made a management decision on Recommendation 1.

Recommendation 2. USAID/Iraq issued written instructions to URC in May 2013 directing it to expedite the translation of materials and curricula into Kurdish and to develop a protocol to confirm that future products are translated and that interpretation is available for trainees as needed. Based on the mission's comments and supporting documentation provided, we acknowledge that the mission made a management decision and final action has been taken on Recommendation 2.

Recommendation 3. USAID/Iraq issued a letter notifying URC of its intention to modify the contract to require URC to track the Iraqi Government cost share contribution. The target completion date for this action is August 3, 2013. Therefore, we acknowledge that the mission made a management decision on Recommendation 3.

Recommendation 4. USAID/Iraq issued written instructions to URC in May 2013 to disseminate the written results of the equipment assessments for all surveyed centers, along with information on the actions planned as result of the survey and points of contact at both URC and MOH. Based on the mission's comments and supporting documentation provided, we acknowledge that the mission made a management decision and final action has been taken on Recommendation 4.

Recommendation 5. In May 2013 USAID/Iraq registered URC in the TraiNet system and issued instructions to URC to enter in-country training data and report on the data entry in its quarterly reports. The mission also issued instructions to the mission's Capacity Building Office staff to monitor TraiNet data entry. Based on the mission's comments and supporting documentation provided, we acknowledge that the mission made a management decision and final action has been taken on Recommendation 5.

Recommendation 6. In May 2013 USAID/Iraq directed URC to enter all relevant reports into the Development Experience Clearinghouse and instructed mission staff members to monitor URC's information entry. Based on the mission's comments and supporting documentation provided, we acknowledge that the mission made a management decision and final action has been taken on Recommendation 6.

Recommendation 7. USAID/Iraq issued instructions to URC in May 2013, clarifying the reporting periods for project plans and reports. Based on the mission's comments and supporting documentation provided, we acknowledge that the mission made a management decision and final action has been taken on Recommendation 7.

Recommendation 8. USAID/Iraq's Capacity Building Office—responsible for this project—has completed a review of the electronic and hard copy project files to confirm that all required documents were in the official file, duplicates were removed, and final documents were identified clearly. According to mission officials, the mission's records and file management specialist will verify this review. The target completion date for this action is June 30, 2013. Therefore, we acknowledge that the mission made a management decision on Recommendation 8.

Recommendation 9. URC submitted a revised work plan, based on the new project end date, and a revised performance management plan, both of which USAID/Iraq approved in May 2013. Based on the mission's comments and supporting documentation provided, we acknowledge that the mission made a management decision and final action has been taken on Recommendation 9.

SCOPE AND METHODOLOGY

Scope

We conducted this performance audit in accordance with generally accepted government auditing standards. They require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions, in accordance with our audit objective. We believe that the evidence obtained provides that reasonable basis.

The purpose of this audit was to determine whether USAID/Iraq's Primary Health Care Project in Iraq was achieving its goals of supporting management systems and processes, delivering quality care, and expanding community partnerships. The mission awarded URC a 4-year contract for approximately \$74.9 million on March 1, 2011. As of December 31, 2012, USAID/Iraq had obligated approximately \$72.9 million and disbursed about \$15.7 million. The audit team tested \$801,197, or 5 percent, of that disbursement through site visits and testing project deliverables.

The audit covered the period from the project's start—March 2011—through December 31, 2012, and considered events occurring through fieldwork, which ended in April 2013. In planning and performing the audit, we assessed management controls related to documentation and data verification, reporting, and establishment and review of contract deliverables and indicators. We assessed the following significant controls: the mission's performance management plan; annual work plans; data quality assessments; annual, quarterly, and weekly reports; and URC's contracts, including contract modifications.

We conducted audit fieldwork at USAID/Iraq and URC offices in Baghdad. We visited centers in the Governorates of Baghdad, Erbil, and Basrah. Audit work took place from February 24 to April 3, 2013.

Methodology

To answer the audit objective, we interviewed personnel from USAID/Iraq and URC, as well as MOH and Kurdish officials. We reviewed reports and files that the mission and URC maintained as part of their project monitoring activities. We obtained an understanding of the project and how USAID/Iraq monitored and measured results by reviewing performance management plans, annual work plans, site visit documentation, and annual, quarterly, and weekly progress reports. We also reviewed project oversight, performance measures, and data quality assessments. Furthermore, we reviewed applicable laws and regulations and USAID policies and procedures regarding the project, such as contract and modifications, ADS Chapters 201 ("Planning"), 202 ("Achieving"), 203 ("Assessing and Learning"), 253 ("Participant Training for Capacity Development"), and 540 ("USAID Development Experience Information"), and USAID/Iraq mission orders related to the Iraqi Government's cost share and participant training requirements.

To assess whether the project was achieving its objective, we validated reported results for 40 contract deliverables and 25 project indicators covering the three components. We

judgmentally selected deliverables and indicators for which results were expected during the project's first 2 years.

We validated URC's reported results using supporting documentation such as finalized handbooks and clinical guidelines, training attendance sheets, and observations during site visits. The audit team considered deliverables and indicators on track if the verified results were within 10 percent of the project's first- and second-year targets. We consider the data reliable for answering the audit objective.

We conducted site visits to a judgmental sample of 12 of 360 centers participating in the project, including 5 of 36 model centers (14 percent). They were located in three governorates—one in southern Iraq (Basrah), one in central Iraq (Baghdad), and one in the north (Erbil). To select the sites, we considered the center staff trained in each center as of January 2013 and any overlap in centers with prior USAID/Iraq health projects. Selection of sites was limited to governorates that were reasonably accessible, given security considerations. During site visits, we verified the existence of deliverables and compliance with USAID branding requirements. In addition, we considered human trafficking requirements to note any evidence of noncompliance. We interviewed beneficiaries to determine whether the project was meeting their needs and to learn about their experiences with URC and USAID/Iraq. The results of these site visits cannot be generalized to all project activities and sites.

MANAGEMENT COMMENTS



June 2, 2013

MEMORANDUM
(UNCLASSIFIED)

TO: Catherine Trujillo, Regional Inspector General/Cairo

FROM: Thomas H. Staal, USAID/Iraq Mission Director /s/

SUBJECT: Management Response to Draft Audit of USAID/Iraq's Primary Health Care Project in Iraq
Report No. 6-267-13-00X-P

Thank you for the opportunity to comment on the draft audit. USAID/Iraq recognizes the value of this audit as a management tool to further strengthen our programs, and we extend our appreciation to the Regional Inspector General/Cairo for the cooperation exhibited throughout the audit.

The audit report confirmed the development hypothesis of the Primary Health Care Project (PHCP) and showed that, despite the delay in achieving some of the deliverables, the project is achieving its main goal to improve the access and quality of primary health care services in Iraq. We agree with the nine recommendations in the report, which we note are largely administrative rather than programmatic. We have completed implementation of seven of the recommendations at this time and will implement the last two by August 3, 2013.

In spite of the difficult operating environment in Iraq and the historical weak capacity of the public health sector, PHCP has made real progress. The Ministry of Health (MOH) now recognizes the importance of primary health care centers to improve the quality and access of healthcare, and has demonstrated commitment to replicate USAID-funded model clinics.

On May 22, 2013, the Mission completed an in-depth, comprehensive review of PHCP's performance to determine the most appropriate way forward in accordance with the glide path:

- In accordance with the glide path, the project will be terminated six months earlier than originally scheduled. The project will now end in September 2014 instead of March 2015.

- Make no further obligations under the contract, de-scope and refocus project deliverables thereby lessening the management burden. These changes will be documented in a contract modification to be completed by August 3, 2013. Cementing the sense of ownership of local counterparts and transitioning responsibility for activities to the MOH will be the main goal of the project during the remaining implementation time.

The Mission has also taken the following steps to strengthen effective management and oversight. Specifically, the Mission has:

- Engaged the USAID Global Health Office to provide virtual and in-country intermittent assistance.
- Decided to assign additional activity management responsibilities to two incoming health officers in Erbil and in Basra.
- Continued to engage the Albania Mission for intermittent assistance, which has provided a health specialist to the Iraq Mission for the last eight months.
- Continued the training and mentoring of its six Capacity Building Office field monitors in the area of project monitoring and oversight.

The proposed contract modification will include the following programmatic shifts to strengthen the effectiveness and impact of the project:

- Assist the MoH to review the basic primary health care package available to clinics and identify areas for improvement.
- Execute plans to ensure the sustainability of the improvements achieved through USG support in the health sector.

Below, please find detailed description of how the Mission plans to address the audit recommendations:

Recommendation 1. *We recommend that USAID/Iraq prepare a written evaluation of project deliverables to determine the extent to which they can be accomplished in the time remaining, and adjust the deliverables and budget based on the results of the evaluation.*

Response: The Mission agrees with this recommendation. Starting May 6, USAID and URC held discussions on the status of project deliverables in view of some changed parameters pertaining to a lower budget and less implementation time available to the project. During the PHCP's portfolio review on May 22, 2013, the Mission, in view of the decision to limit the time and budget of the project, decided to restructure the remaining deliverables to correspond to these changes. Some deliverables scheduled for 2015 will be eliminated, and some will be consolidated.

Target date for completion is August 3, 2013 with the finalization of a modification to the contract.

Recommendation 2. *We recommend that USAID/Iraq issue a technical directive to University Research Company to (1) expedite the translation of project materials and training*

curricula into Kurdish, prioritizing those most needed, and (2) develop a protocol to confirm that future products are translated, as appropriate, and that interpretation is available for trainees, if needed.

Response: The Mission agrees with this recommendation. During several meetings in March and April 2013, the Contracting Officer Representative (COR) instructed URC to translate project materials and training curricula in to Kurdish. On May 18, 2013, the COR issued written instructions to University Research Company (URC) directing it to 1) be more responsive to the needs of the Kurdish region, in terms of translating relevant documents into Kurdish and 2) develop a protocol to confirm that future products are translated, as appropriate, and that interpretation is available for trainees, if needed. URC acted on these instructions and is in the process of putting in place a mechanism to hire short term translators in order to expedite such translation (Attachment I).

Based on the above, USAID deems that a management decision has been reached on Recommendation No. 2 and final action has been taken. Therefore, we request the closure of this recommendation upon issuance of this report.

Recommendation 3. *We recommend that USAID/Iraq modify its contract with University Research Company to incorporate tracking of Ministry of Health's cost share.*

Response: The Mission agrees with this recommendation. On May 20, 2013 the Contracting Officer sent a letter notifying the contractor that the contract will be modified to include a provision requiring it to track Government of Iraq cost share contributions (Attachment II). This provision will be incorporated into a contract modification by August 3, 2013. URC has been tracking cost sharing of the Ministry of Health as part of normal reporting. The Regional Legal Advisor opined that while such a provision is not legally required in order to have the implementing partner report on cost share, the provision will serve to clarify expectations on tracking and reporting on cost share. Partial action in the form of the notice of impending change to the contract under this recommendation is complete.

Target date for completion is August 3, 2013.

Recommendation 4. *We recommend that USAID/Iraq issue a technical directive requiring University Research Company to provide officials at all surveyed primary health care centers with the written results of the center's assessment, information on the planned use of the assessment results, and names of contacts with the project and the Ministry of Health to be sure that they are notified of significant changes at the primary health care center level.*

Response: The Mission agrees with this recommendation. On May 18, 2013, the COR directed URC to disseminate the written results of the assessments undertaken for all surveyed centers, actions planned as a result of these surveys and the names of contacts with the project and the Ministry of Health (Attachment III).

Based on the above, USAID deems that a management decision has been reached on Recommendation No. 4 and final action has been taken. Therefore, we request the closure of

this recommendation upon issuance of this report.

Recommendation 5. *We recommend that USAID/Iraq implement procedures to confirm that (1) University Research Company is entering required data on in-country training in the Training Results and Information Network and (2) mission staff members are monitoring that activity.*

Response: The Mission agrees with this recommendation. On April 7, 2013, the COR issued instructions to URC to enter in-country training data onto the Training Results and Information Network (TraiNet). The COR registered PHCP in the TraiNet system in May, and data is being collected by URC to be entered. The CBO Office Director issued instructions to staff to monitor the entry of data on May 21, 2013 (Attachment IV).

Based on the above, USAID deems that a management decision has been reached on Recommendation No. 5 and final action has been taken. Therefore, we request the closure of this recommendation upon issuance of this report.

Recommendation 6. *We recommend that USAID/Iraq implement procedures to confirm that (1) University Research Company is submitting required documents to the USAID Development Experience Clearinghouse and (2) mission staff members are monitoring submission.*

Response: The Mission agrees with this recommendation. On April 5, 2013, the Mission issued oral instructions to URC to upload all reports onto the Development Experience Clearinghouse website, URC had uploaded all relevant reports onto the system on April 9, 2013. These instructions were reiterated in writing on May 21, 2013. Instructions to staff to monitor the entry of data were issued on May 21, 2013 (Attachment IV).

Based on the above, USAID deems that a management decision has been reached on Recommendation No. 6 and final action has been taken. Therefore, we request the closure of this recommendation upon issuance of this report.

Recommendation 7. *We recommend that USAID/Iraq issue a technical directive clarifying the expected reporting periods for project plans and reports.*

Response: The Mission agrees with this recommendation. On May 7, 2013, the Contracting Officer issued instructions to URC clarifying the reporting periods for project plans and reports (Attachment V).

Based on the above, USAID deems that a management decision has been reached on Recommendation No. 7 and final action has been taken. Therefore, we request the closure of this recommendation upon issuance of this report.

Recommendation 8. *We recommend that USAID/Iraq document its review of the Primary Health Care Project in Iraq's electronic and hard copy files to confirm that required documents are in the official file, duplicate documents are removed, and draft and final documents are identified clearly.*

Response: The Mission agrees with this recommendation. On May 30, 2013 the Capacity Building Office (CBO) finalized its review of all electronic and hard copy files in the various project folders and Mission drives, confirming that required documents are in the official file, duplicate documents are removed, and draft and final documents are identified clearly. This will be verified by the Mission's records and file management specialist.

Target date for completion is June 30, 2013.

Recommendation 9. *We recommend that USAID/Iraq direct University Research Company LLC, in writing, to finalize the fiscal year 2013 annual work plan and revised performance management plan, and that USAID/Iraq document the approval of these plans within 30 days of their submission.*

Response: The Mission agrees with this recommendation. URC submitted the final draft of the workplan and the performance management plan on April 30, 2013. However, given the clarification of the reporting periods by the Mission, PHCP had to realign activities, indicators and deliverables based on the new reporting guidelines. The revised work plan which follows the Contracting Officer guidance was submitted to the Mission on May 19, 2013. On May 23, 2013 a realigned performance management plan was submitted. Approval of both the work plan and the performance management plan was granted on May 30, 2013 (Attachments VI).

Based on the above, USAID deems that a management decision has been reached on Recommendation No. 9 and final action has been taken. Therefore, we request the closure of this recommendation upon issuance of this report.

Status of Project Deliverables as of March 31, 2012 (Audited)

Deliverable Number	Deliverable	Expected/Verifiable Indicator	Expected Completion Date(s)	Year 2 Target Met as of September 2012?	Year 2 Target Met as of December 2012?	Year 2 Target Met as of March 2013?	All or Portion of Deliverable Moved from Year 1 to Year 2?
Component 1: Management Systems							
1.1.a	National technical advisory group for quality primary health care established.	Group established	Year 1	Yes	Yes	Yes	No
1.1.a1	Technical advisory group meets at least twice to work on key primary health care issues by December 2011.	Minutes of meetings	Year 1	Yes	Yes	Yes	n/a*
1.2a	<i>Handbook of Quality Standards and Operational Guidelines for Management of Primary Care Clinics</i> developed.	Handbook completed	Year 1	Yes	Yes	Yes	No
1.2a.1	Training material to introduce management handbook developed.	Training material completed	Year 1	Yes	Yes	Yes	n/a*
1.2c	Provide training (directly or through MOH) on the management handbook for employees from at least 360 participating centers.	Number of participating centers from which at least one staff person has been trained on the management handbook	Years 1 through 4	Yes	Yes	Yes	No

Deliverable Number	Deliverable	Expected/Verifiable Indicator	Expected Completion Date(s)	Year 2 Target Met as of September 2012?	Year 2 Target Met as of December 2012?	Year 2 Target Met as of March 2013?	All or Portion of Deliverable Moved from Year 1 to Year 2?
1.2c1 rev	Technical assistance and training on standard operating procedures for seven key management functions delineated in the management handbook.	Number of participating centers from which relevant staff members (at least two) have been trained on the facility and equipment management standard operating procedures	Years 2 through 4	No	Yes	Yes	n/a*
1.2d**	Put in place effective process/system to achieve and measure compliance with quality standards for seven key management standards.	Report on number of participating centers compliant with standards	Years 2 through 4	No		No	Yes
1.3a	Primary health care leadership and management training program established.	Training manual and training schedule developed	Year 1	Yes No	Yes	Yes	n/a***
1.3c	Provide training (directly or through MOH) to at least 2 leaders/managers from each of the 360 participating centers and to at least 5 provincial-level MOH leaders/managers from each of the 18 governorates.	At least two managers from participating centers, districts, and governorates successfully completing the primary health care leadership and management training	Years 1 through 4	No	No	No	No
1.4a	Primary health care patient records system developed.	Design and introduce standard patient record system that is endorsed by MOH	Year 1	Yes	Yes	Yes	No

Deliverable Number	Deliverable	Expected/Verifiable Indicator	Expected Completion Date(s)	Year 2 Target Met as of September 2012?	Year 2 Target Met as of December 2012?	Year 2 Target Met as of March 2013?	All or Portion of Deliverable Moved from Year 1 to Year 2?
1.4a1	Train health care providers from 90 centers on the revised primary health care patient records system.	Training material developed and training given to at least 1 employee from 90 participating centers	Years 1 through 3	n/a	n/a	n/a	n/a****
1.4c**	Establish the patient records system in 60 percent of participating centers.	Percent of centers in which patient records system is in place and being used	Years 2 through 4	n/a	n/a	n/a	n/a****
Component 2: Quality Clinical Care							
2.1a	<i>Policies and Procedures for Establishing National Primary Health Standards of Care</i> developed.	Number of policies and procedures developed	Year 1	Yes	Yes	Yes	No
2.1c	Twenty primary health care clinical standards/protocols developed/updated and tested.	Clinical protocols/standards updated/revised	Years 1 through 3	Yes	Yes	Yes	No
2.2a	<i>Handbook of Quality Standards and Operational Guidelines for Clinical Services Delivery in Primary Care Clinics</i> developed.	Draft handbook completed	Year 2	No	No	No	Yes
2.2a.1	Training modules covering <i>Handbook of Quality Standards and Operational Guidelines for Clinical Services Delivery in Primary Care Clinics</i> developed.	First set of training modules and first draft of handbook completed	Year 2	No	No	No	n/a*

Deliverable Number	Deliverable	Expected/Verifiable Indicator	Expected Completion Date(s)	Year 2 Target Met as of September 2012?	Year 2 Target Met as of December 2012?	Year 2 Target Met as of March 2013?	All or Portion of Deliverable Moved from Year 1 to Year 2?
2.2d**	In partnership with MOH, put an effective process/system in place to achieve and measure 75 percent compliance among participating centers with the quality standards for seven key clinical services in MOH's basic health service package for primary health care.	Report on number of participating centers compliant with quality standards related to key services developed in year 1	Years 2 through 4	No	No	No	Yes
2.2e**	In partnership with the MOH, put an effective provincial and clinical level supervision process/system in place for 75 percent of participating centers according to quality standards in the clinical service delivery handbook.	Report on number of facilities implementing supportive supervision	Years 2 through 4	No	No	No	No
2.2f**	In partnership with MOH, put an effective referral process/system in place linking at least 75 percent of participating centers with higher-level clinical facilities according to the quality standards in the clinical service delivery handbook.	Report on number of facilities with an effective referral system in place	Years 2 through 4	No	No	No	No
2.3a	Primary health care quality improvement program developed (management, clinical, and community participation).	Quality improvement model approved by MOH	Year 1	Yes	Yes	Yes	No

Deliverable Number	Deliverable	Expected/Verifiable Indicator	Expected Completion Date(s)	Year 2 Target Met as of September 2012?	Year 2 Target Met as of December 2012?	Year 2 Target Met as of March 2013?	All or Portion of Deliverable Moved from Year 1 to Year 2?
2.4a	First set of training modules for the Primary Health Care In-Service Training Program developed.	Training modules complete	Year 2	No	No	No	Yes
2.4a	Second set of modules for training program developed (training program development is completed).	Training modules complete	Year 2	No	No	No	No
2.4c	Provide training in quality standards and clinical protocols (directly or through MOH) in five or more of the seven key clinical services for a minimum of 75 percent of relevant clinical staff members.	Report on number of relevant participating centers with at least one staff member trained on guidelines developed under Deliverable 2.1c	Years 2 through 4	No	No	No	Yes
2.4d	The current supervision system is updated/revised.	Revised supervision system	Year 1	Yes	Yes	Yes	n/a*
2.4d	Provide training in supportive supervision (directly or through MOH) for a minimum of 75 percent of clinical- and provincial-level MOH staff who have supervisory duties.	Percent of centers with at least one staff member trained in supervision	Years 2 through 4	No	No	No	Yes
2.4e	The current referral system is updated/revised.	Updated/revised referral system	Year 1	Yes	Yes	Yes	n/a*
2.4e.1	Training materials to improve referrals developed.	Develop training materials on revised referral system	Year 2	No	No	Yes	n/a*
2.4e	Provide training in referrals (directly or through MOH) for relevant staff from a minimum of 360 participating centers.	Percent of centers with at least 1 staff member trained in referrals	Years 2 through 4	No	No	No	Yes

Deliverable Number	Deliverable	Expected/Verifiable Indicator	Expected Completion Date(s)	Year 2 Target Met as of September 2012?	Year 2 Target Met as of December 2012?	Year 2 Target Met as of March 2013?	All or Portion of Deliverable Moved from Year 1 to Year 2?
2.4f	Provide training in quality improvement (directly or through MOH) for the quality improvement team at a minimum of 360 participating centers.	Number of centers with at least one quality improvement team trained	Years 2 through 4	No	No	No	Yes
2.5a	Research agenda for strengthening primary health care in Iraq developed.	Research agenda completed	Year 1	Yes	Yes	Yes	No
2.5b	One study evaluating effectiveness of innovative models for primary care service delivery in Iraq completed and disseminated (total of three throughout project).	One study completed and disseminated	Years 2 through 4	No	Yes	Yes	No
2.5c	One study evaluating effectiveness of quality improvement activities in Iraq completed and disseminated (total of three for life of project).	One study completed and disseminated	Years 2 through 4	No	Yes	Yes	No
2.6a	Preliminary needs assessment conducted for each of the 36 centers, and individualized work plans prepared detailing steps needed to bring each center to the model standard.	Assessment report completed	Year 2	No	Yes	Yes	n/a*
2.6b	Contract with necessary local entities for procurement of equipment awarded to centers.	Contract awarded	Years 2 through 4	No	No	Yes	n/a*

Deliverable Number	Deliverable	Expected/Verifiable Indicator	Expected Completion Date(s)	Year 2 Target Met as of September 2012?	Year 2 Target Met as of December 2012?	Year 2 Target Met as of March 2013?	All or Portion of Deliverable Moved from Year 1 to Year 2?
Component Three: Community Partnerships							
3.1a	National statement of patients' rights in primary health care developed.	Patient rights charter completed	Year 1	Yes	Yes	Yes	No
3.2a	<i>Handbook for Quality Standards and Operational Guidance for Community Partnerships in Primary Health Care</i> developed.	Handbook completed	Year 1	Yes	Yes	Yes	No
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.	Report on number of local health committees activated to promote and use community partnerships handbook	Years 2 through 4	Yes	Yes	Yes	No
3.2c	Provide training (directly or through MOH) on the community partnerships handbook for personnel from a minimum of 360 participating centers.	Number of participating centers from which at least one employee has been trained on the community partnerships handbook	Years 2 through 4	Yes	Yes	Yes	Yes
3.2c1	Develop a behavioral change communication strategy to promote primary health care services.	Strategy developed	Year 1	Yes	Yes	Yes	n/a*

Deliverable Number	Deliverable	Expected/Verifiable Indicator	Expected Completion Date(s)	Year 2 Target Met as of September 2012?	Year 2 Target Met as of December 2012?	Year 2 Target Met as of March 2013?	All or Portion of Deliverable Moved from Year 1 to Year 2?
3.2d**	Put an effective process/system in place to achieve and measure 75 percent compliance among participating centers with the quality standards delineated in the community partnerships handbook.	Report on number of facilities in compliance with the quality standards delineated in the community partnerships handbook	Years 2 through 4	No	No	No	Yes

* Deliverable not included in original contract.

** Deliverable measuring compliance and implementation.

*** Deliverable due in year 2, but achieved in year 1.

**** Deliverable only has a full length-of-project target.

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