

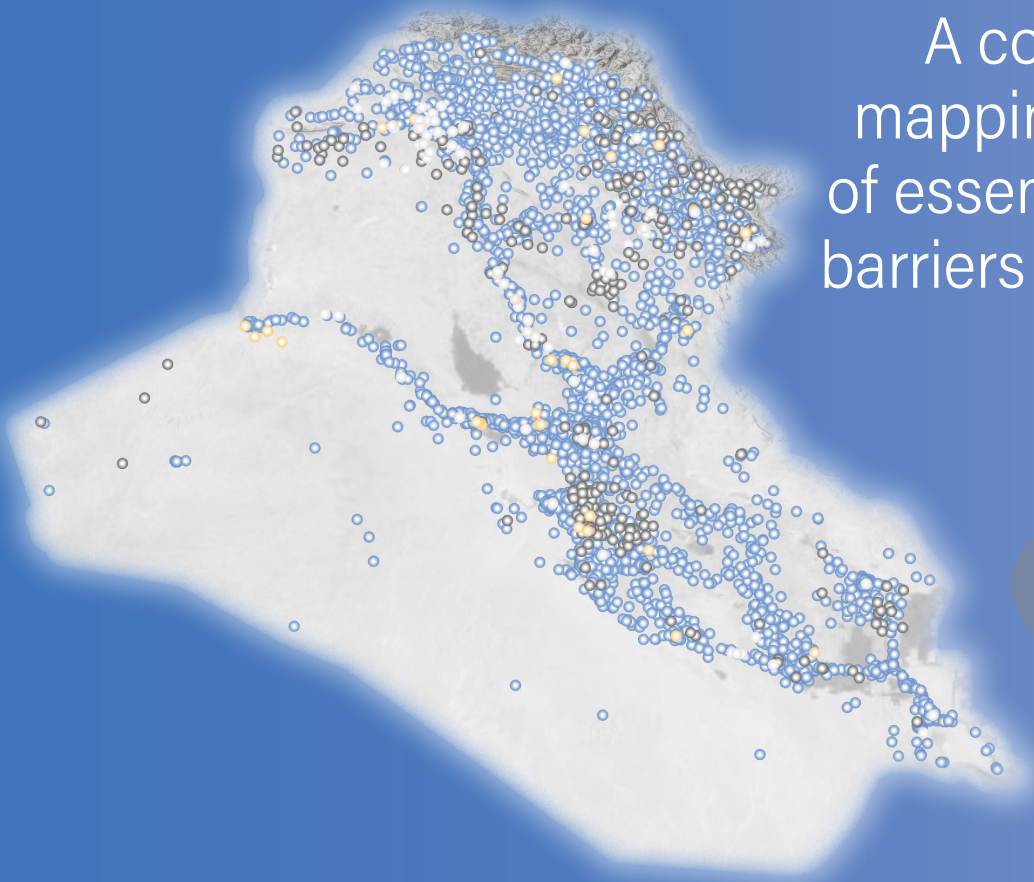
HeRAMS Iraq

Baseline Report 2023

Part 1



CHILD HEALTH AND NUTRITION SERVICES



A comprehensive
mapping of availability
of essential services and
barriers to their provision



© World Health Organization 2023

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation:

"This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition."

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (<http://www.wipo.int/amc/en/mediation/rules/>).

Suggested citation. HeRAMS Iraq Baseline Report 2023 Part 1- Child health and nutrition services: A comprehensive mapping of availability of essential services and barriers to their provision; 2023

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

HeRAMS IRAQ

BASELINE REPORT 2023

PART 1

Child health and nutrition services

A comprehensive mapping of availability of essential services and barriers to their provision



World Health
Organization



USAID
FROM THE AMERICAN PEOPLE

TABLE OF CONTENT

Acronyms	V
Disclaimer	VI
Part I: Availability of child health and nutrition services.....	1
How to read the charts	2
Overview of health facilities assessed	3
Service availability and main barriers by health facility type.....	4
Service availability by catchment population	7
Main barriers impeding service delivery.....	11
Part II: In-depth analysis by health service	13
How to read the charts and the maps	14
Community-based first aid	16
Community-based IMCI	18
IMCI under 5 clinic	20
Management of children classified as severe or very severe diseases	22
Community mobilization for EPI.....	24
EPI.....	26
IEC on IYCF practices.....	28
Screening for acute malnutrition at the community level.....	30
Growth monitoring at primary care level	32
CMAM.....	34
IMAM.....	36
Stabilization center for SAM	38
Annex.....	41
Annex I: HeRAMS service definitions.....	42
Annex II: Population estimates	43

ACRONYMS

CMAM	Community Management of Acute Malnutrition
EPI	Expanded Programme on Immunization
HeRAMS	Health Resources and Services Availability Monitoring System
IYCF	Infant, Young, and Child Feeding
IMAM	Integrated management of acute malnutrition
IMCI	Integrated Management of Childhood Illness
PHCC B	Primary Health Care Center - Branch
PHCC F	Primary Health Care Center - Family Medicine Health Care Center
PHCC M	Primary Health Care Center - Main
SAM	Severe Acute Malnutrition
SP Center	Specialized Center
UN	United Nations
WHO	World Health Organization

DISCLAIMER

Disruptions to health systems can impede provision of and access to essential health services. Communities' vulnerability to increased morbidity and mortality substantially increases when a lack of reliable information prevents sound decision-making, especially in rapidly changing environments requiring continued assessment. The Health Resources and Services Availability Monitoring System (HeRAMS) aims to provide decision-makers and health stakeholders at large with vital and up-to-date information on the availability of essential health resources and services, help them identify gaps and determine priorities for intervention.

HeRAMS draws on the wealth of experience and knowledge gathered by the World Health Organization (WHO) and health sector actors, including non-governmental organizations (NGOs), donors, academic institutions and other technical bodies. It builds on a collaborative approach involving health service providers at large and integrating what is methodologically sound and feasible in highly constrained, low-resourced and rapidly changing environments such as humanitarian emergencies. Rapidly deployable and scalable to support emergency response and fragile states, HeRAMS can also be expanded to - or directly implemented as - an essential component of routine health information systems. Its modularity and scalability make it an essential component of emergency preparedness and response, health systems strengthening, universal health coverage and the humanitarian development nexus.

HeRAMS has been deployed in Iraq since July 2022 and has allowed for the assessment of 3478 health facilities across the governorates of Anbar, Babylon, Baghdad-Karkh, Baghdad-Resafa, Basrah, Diwaniya, Diyala, Kerbala, Kirkuk, Missan, Muthanna, Najaf, Ninewa, Salah-Al-Din, Thi-Qar, and Wassit against 3763 health facilities targeted. This report is complemented by a second part focusing on the governorates of Dahuk, Erbil, and Sulaymaniyah.¹

This analysis was produced based on the data collected up to November 8th 2022 and while the deployment of HeRAMS, including data verification and validation, continue. Hence, this analysis is not final and is produced solely for the purposes of informing operations.

This is the third report of the **HeRAMS Iraq Baseline Report 2023 Part 1 series** focusing on the availability of child health and nutrition services in the selected governorates. It is a continuation of the first report on the operational status of the health system² and should always be interpreted in conjunction with results presented in the first report. Additional reports are available covering essential clinical and trauma care services³, communicable disease services⁴, sexual and reproductive health services⁵, and non-communicable disease and mental health services⁶.

Caution must be taken when interpreting the results presented in this report. Differences between information products published by WHO, national public health authorities, and other sources using different inclusion criteria and different data cut-off times are to be expected. While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change.

For additional information, please see <https://www.who.int/initiatives/herams> or contact herams@who.int.

¹ HeRAMS Iraq Baseline Report 2023 Part 2 - Child health and nutrition services: A comprehensive mapping of availability of essential services barriers to their provision, <https://www.who.int/publications/m/item/herams-iraq-baseline-report-2023-part2-child-health-and-nutrition-services>.

² HeRAMS Iraq Baseline Report 2023 Part 1 - Operational status of the health system: A comprehensive mapping of the operational status health facilities, <https://www.who.int/publications/m/item/herams-iraq-baseline-report-2023-part1-operational-status-of-the-health-system>

³ HeRAMS Iraq Baseline Report 2023 Part 1 - General clinical and trauma care services: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-iraq-baseline-report-2023-part1-general-clinical-and-trauma-care-services>

⁴ HeRAMS Iraq Baseline Report 2023 Part 1 - Communicable disease services: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-iraq-baseline-report-2023-part1-communicable-disease-services>

⁵ HeRAMS Iraq Baseline Report 2023 Part 1 - Sexual and reproductive health services: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-iraq-baseline-report-2023-part1-sexual-and-reproductive-health-services>

⁶ HeRAMS Iraq Baseline Report 2023 Part 1 - Non-communicable disease and mental health services: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-iraq-baseline-report-2023-part1-ncd-and-mental-health-services>



PART I:

AVAILABILITY OF CHILD HEALTH AND NUTRITION SERVICES



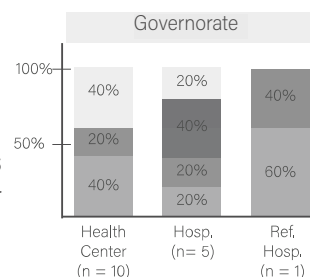
HOW TO READ THE CHARTS

Service availability

The first part of the report provides an overview of availability of child health and nutrition services. It should be noted that the analysis was limited to operational health facilities. A summary of health facilities assessed and their operational status is available on page 5. Further details on the operational status of health facilities can be found in the first report of the **HeRAMS Iraq Baseline Report 2022** series.

Bar chart

Overall availability of general clinical and trauma care services is shown disaggregated by governorate and health facility type. The number of health facilities included is displayed below the health facility type name.



It should be noted that the number of services included was limited to health services expected based on national guidelines and depends on the type of health facility. Further details on services included for each type of health facilities is shown in [annex I](#).

Service availability per population (heat map)

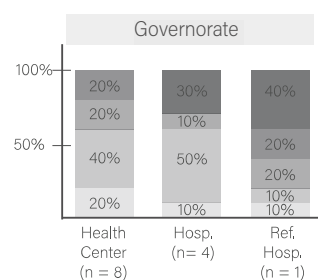
Service 1	0.9	0	0.4	2.1	0.7
Service 2	0.4	0	0.9	3.5	0.7
Service 3	0.3	0	0.7	0.3	0.2
Service 4	0.8	0	0.4	0.8	0.6
Service 5	0.5	0	0.9	1.9	0.8
	Governorate A	Governorate B	Governorate C	Governorate D	Governorate E

A more detailed overview of availability of individual services is shown as heat maps. Each cell indicates the number of health facilities providing a given service in relation to the catchment population. It should be noted that different catchment areas were used for referral and specialized health services (i.e. DoH vs. governorate population estimates). For more details on population estimates, see [annex II](#).

To account for partially available services, a weighing was applied with a weight of 1 given to services reported as fully available and 0.5 for partially available services.

Main barriers impeding service availability

Bar chart



For services not or only partially available, main barriers impeding service delivery are displayed as percentage of all barriers reported. Alike for service availability, bar charts display main barriers disaggregated by health facility type and governorate. For each health facility type, the total number of barriers reported across the health service domain is indicated below the health facility type name. Note that for each service, up to three barriers could be reported. Hence, the percentages shown in these charts should not be used to make any conclusion on the percentage of health facilities having reported a barrier. For a conclusion on the frequency of health facilities reporting a given barrier, please refer to the heat map below.

Heat map

Heat maps provide additional insights on main barriers for individual services by catchment area. Cell opacity levels indicate the percentage of health facilities in the catchment area reporting a given barriers. The integer inside the cell denotes the number of health facilities reporting a given barrier while the percentage indicates the percentage of health facilities reporting the barrier. Note that health facilities not reporting a barrier (i.e. health facilities where the service is fully available or not normally provided) were excluded from these charts.

Service 1	2 20%	3 30%	5 50%	1 10%	5 50%
Service 2	6 60%	2 20%	1 10%	5 50%	7 70%
Service 3	8 80%	4 40%	4 40%		2 20%
Service 4	3 30%	7 70%	1 10%		5 50%
Service 5	1 10%	3 30%	2 20%		3 30%
	Governorate A	Governorate B	Governorate C	Governorate D	Governorate E

OVERVIEW OF HEALTH FACILITIES ASSESSED

Summary of health facilities assessed

3771 targeted health facilities



219 Closed
65 Planned
1 Not reporting

3486 health facilities assessed


Building condition



13 Fully damaged
476 Partially damaged
74 Not relevant


Equipment condition



33 Fully damaged
507 Partially damaged


Functionality

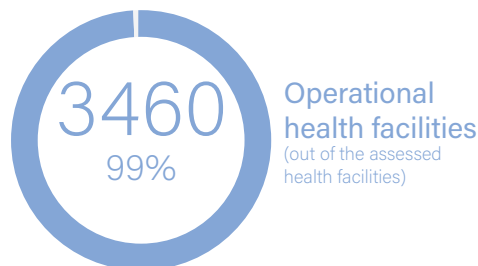


13 Not functioning
1566 Partially functioning


Accessibility

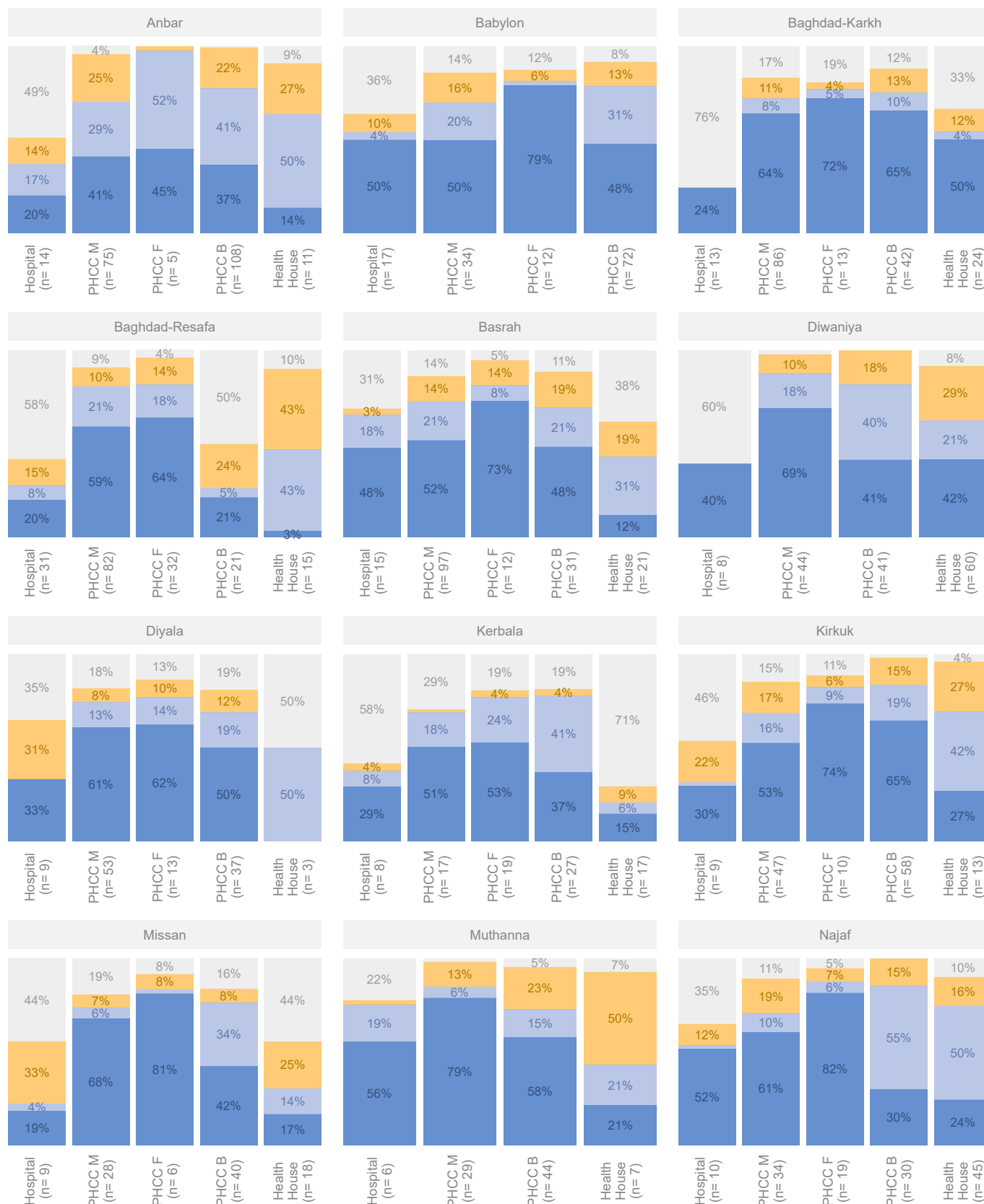


259 Partially accessible



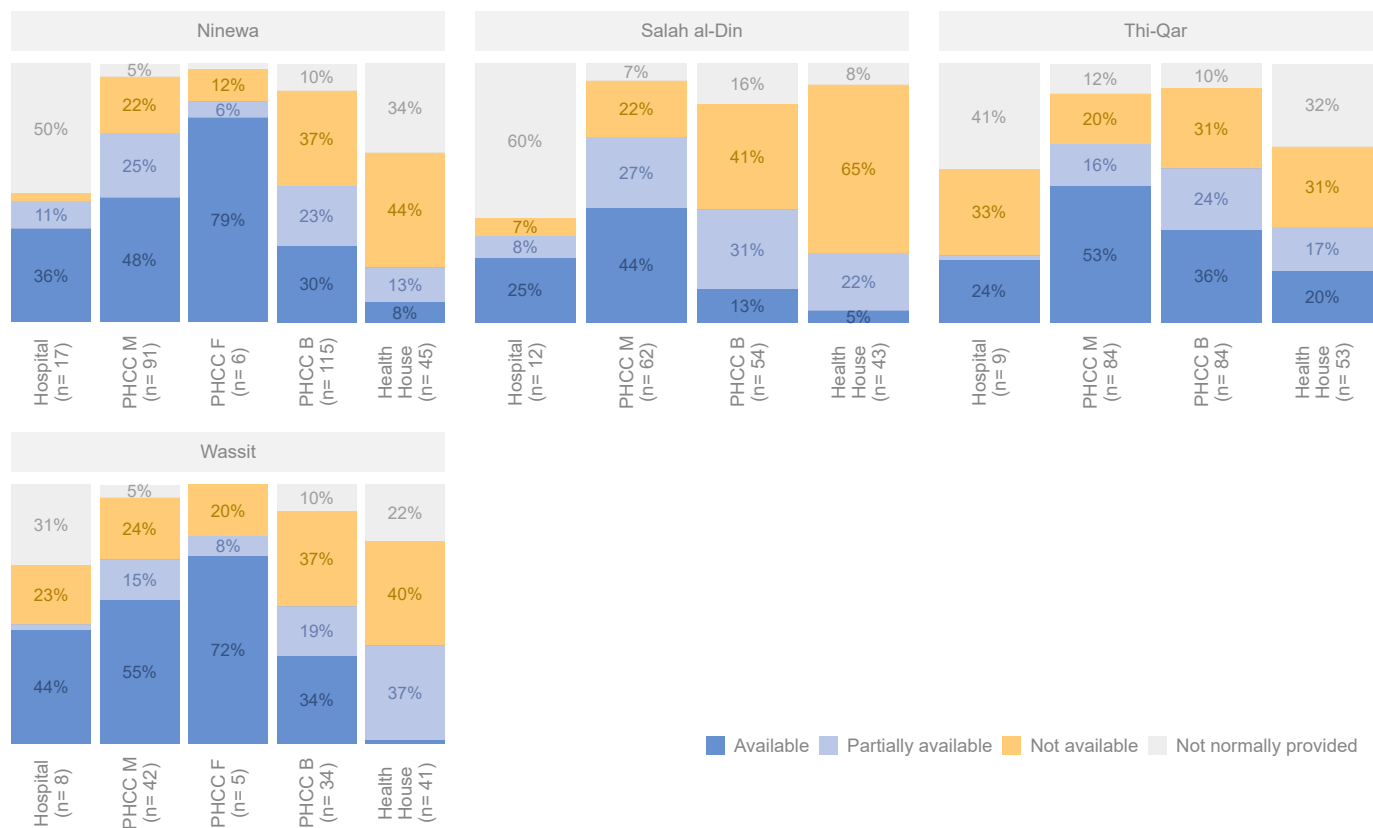
SERVICE AVAILABILITY AND MAIN BARRIERS BY HEALTH FACILITY TYPE

Availability of essential services by governorate and health facility type⁶

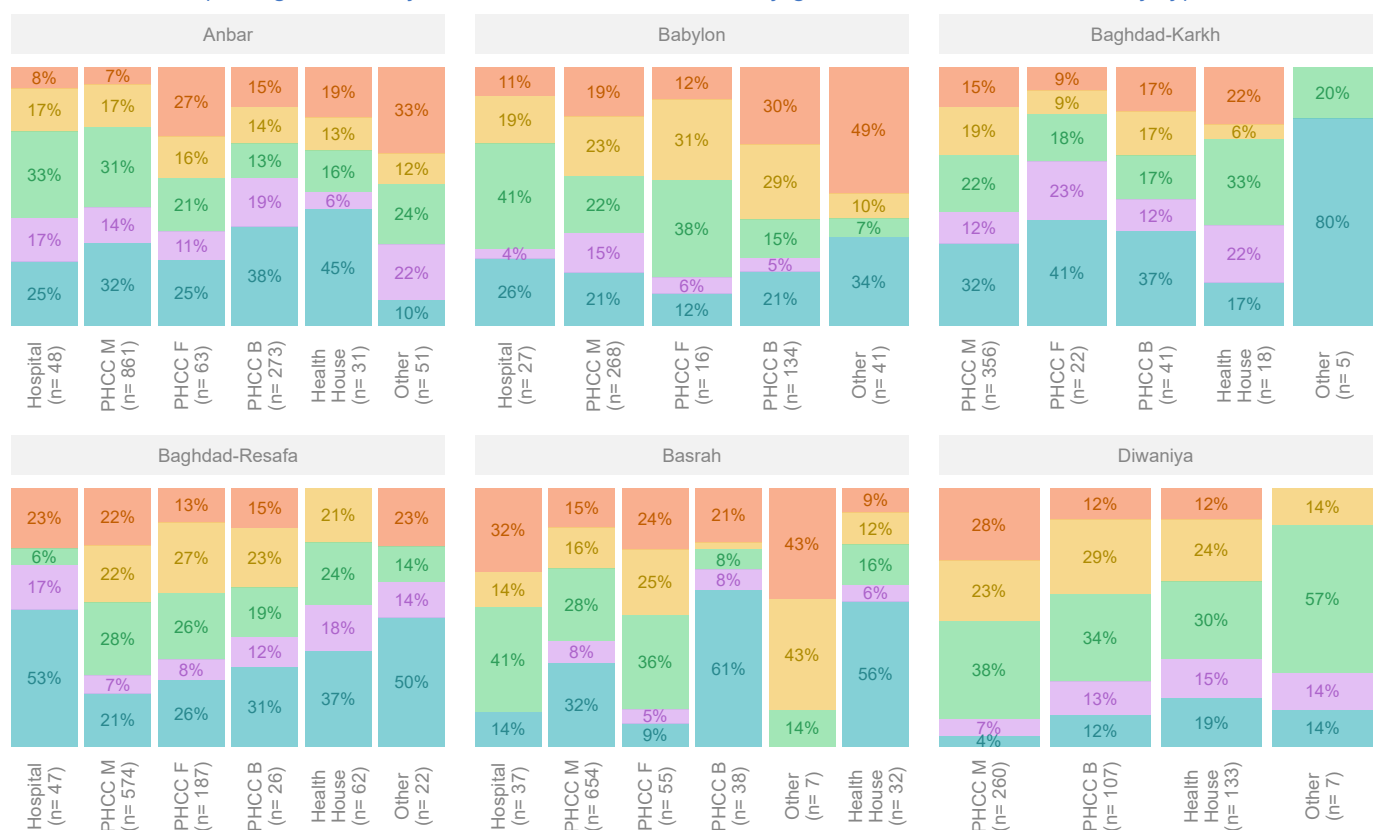


⁶ Number of services included may vary from one health facility type to another. The "Other" HF type has been excluded as it includes very different and specialized HFs. See [Annex I](#) for a full description of the services included for each health facility type and for the HFs included in "Other".

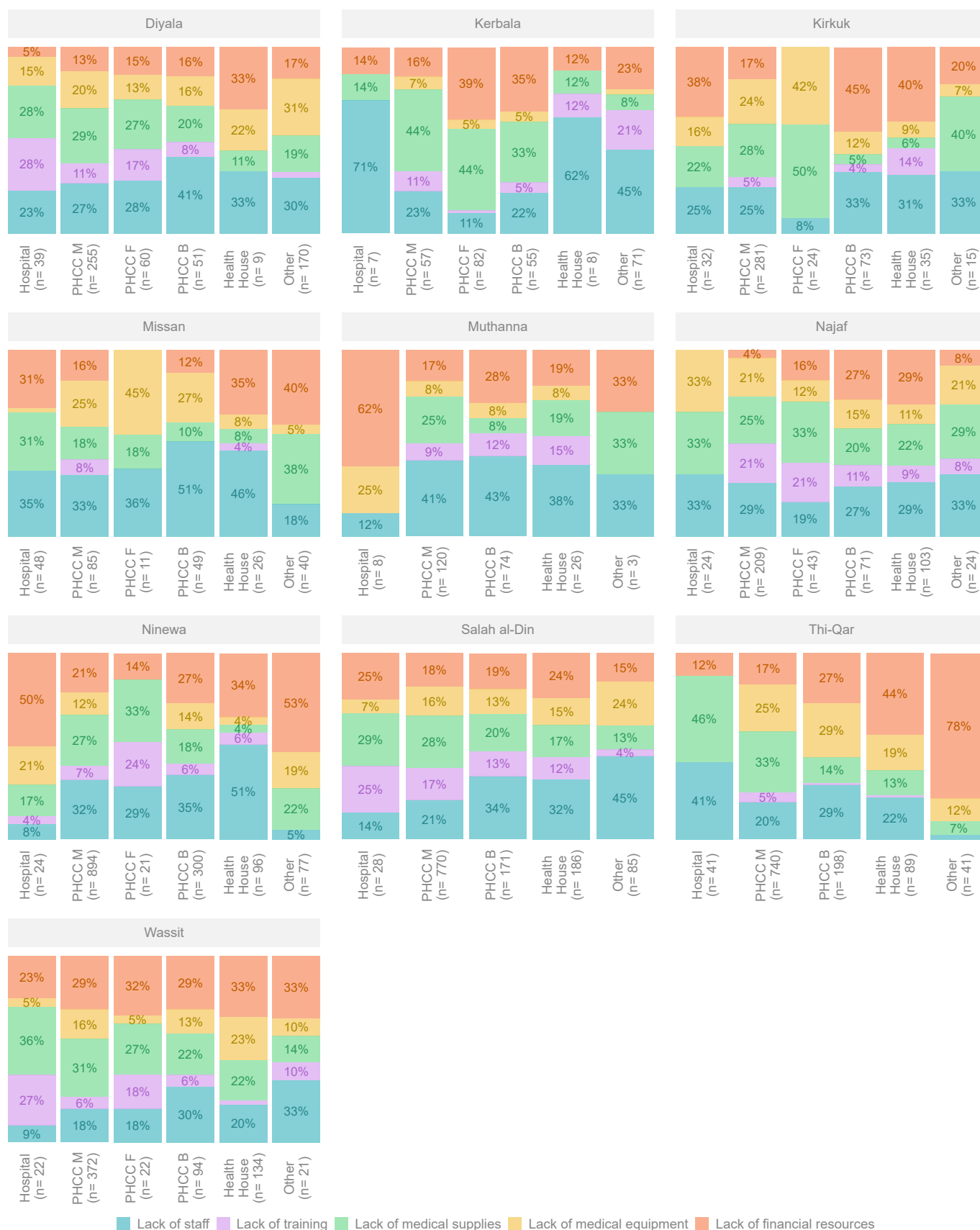
Availability of essential services by governorate and health facility type (cont.)⁶



Main barriers impeding availability of essential health services by governorate and health facility type

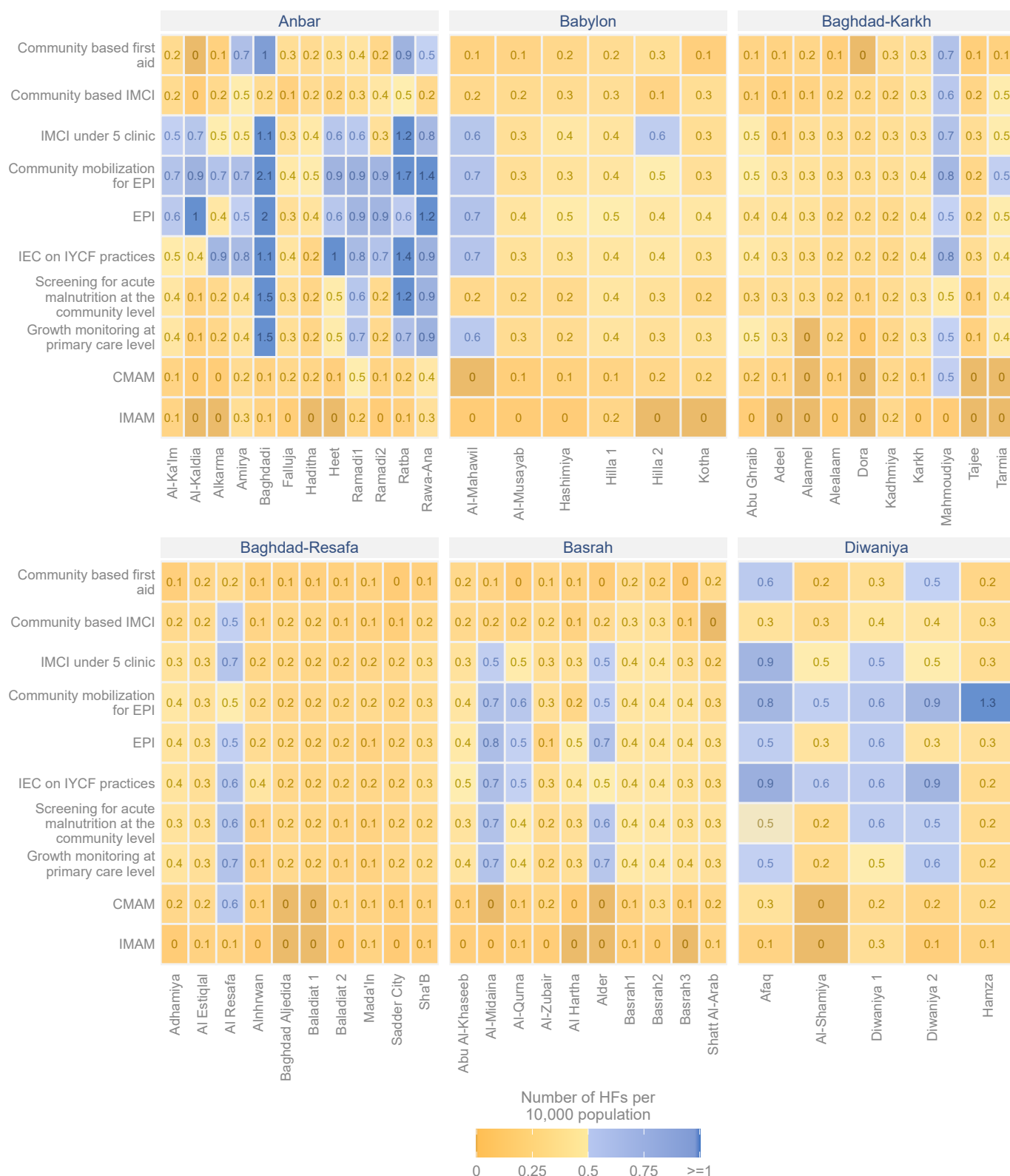


Main barriers impeding availability of essential health services by governorate and health facility type (cont.)



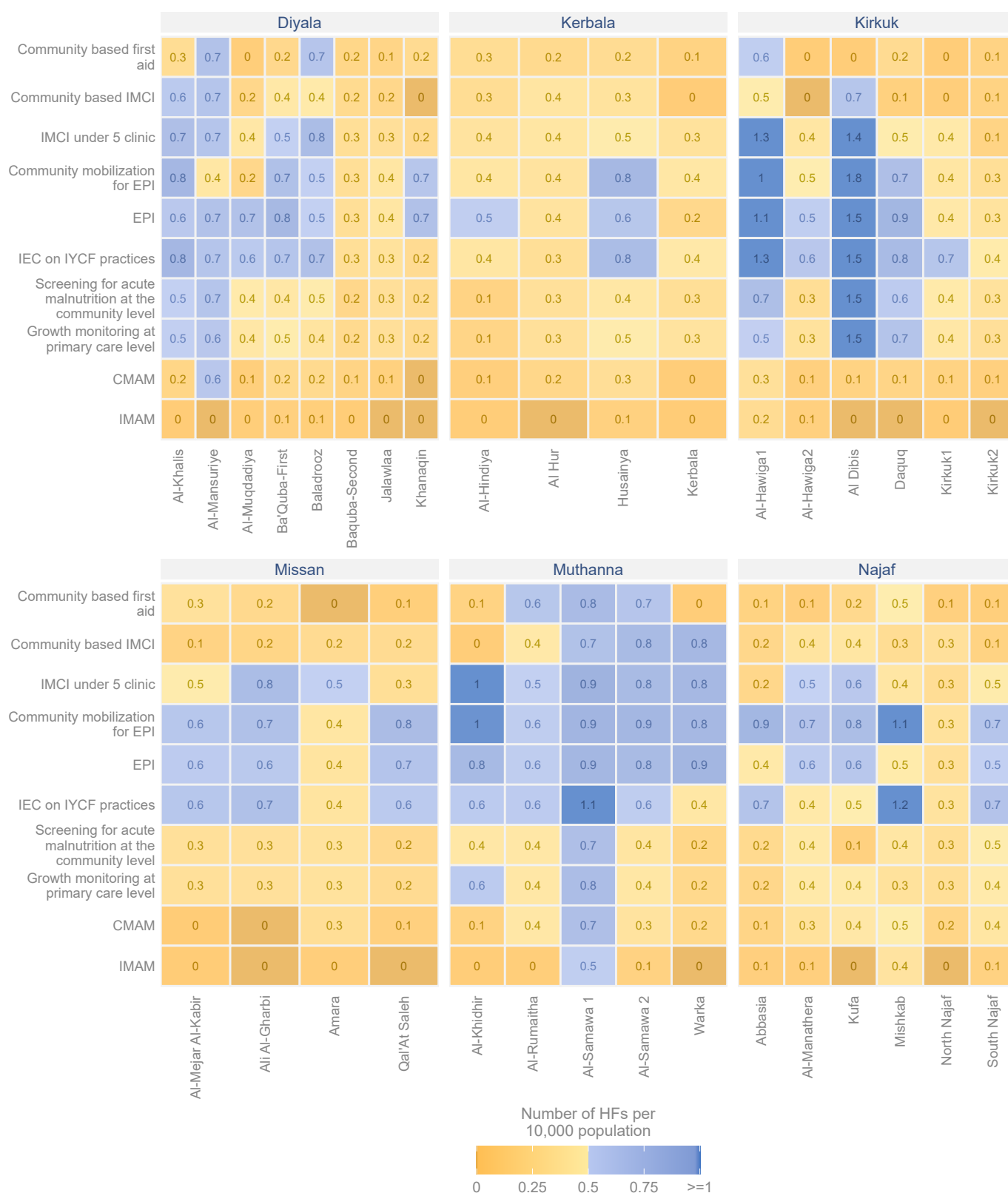
SERVICE AVAILABILITY BY CATCHMENT POPULATION

Number of health facilities providing essential community and primary services per 10,000 population⁷

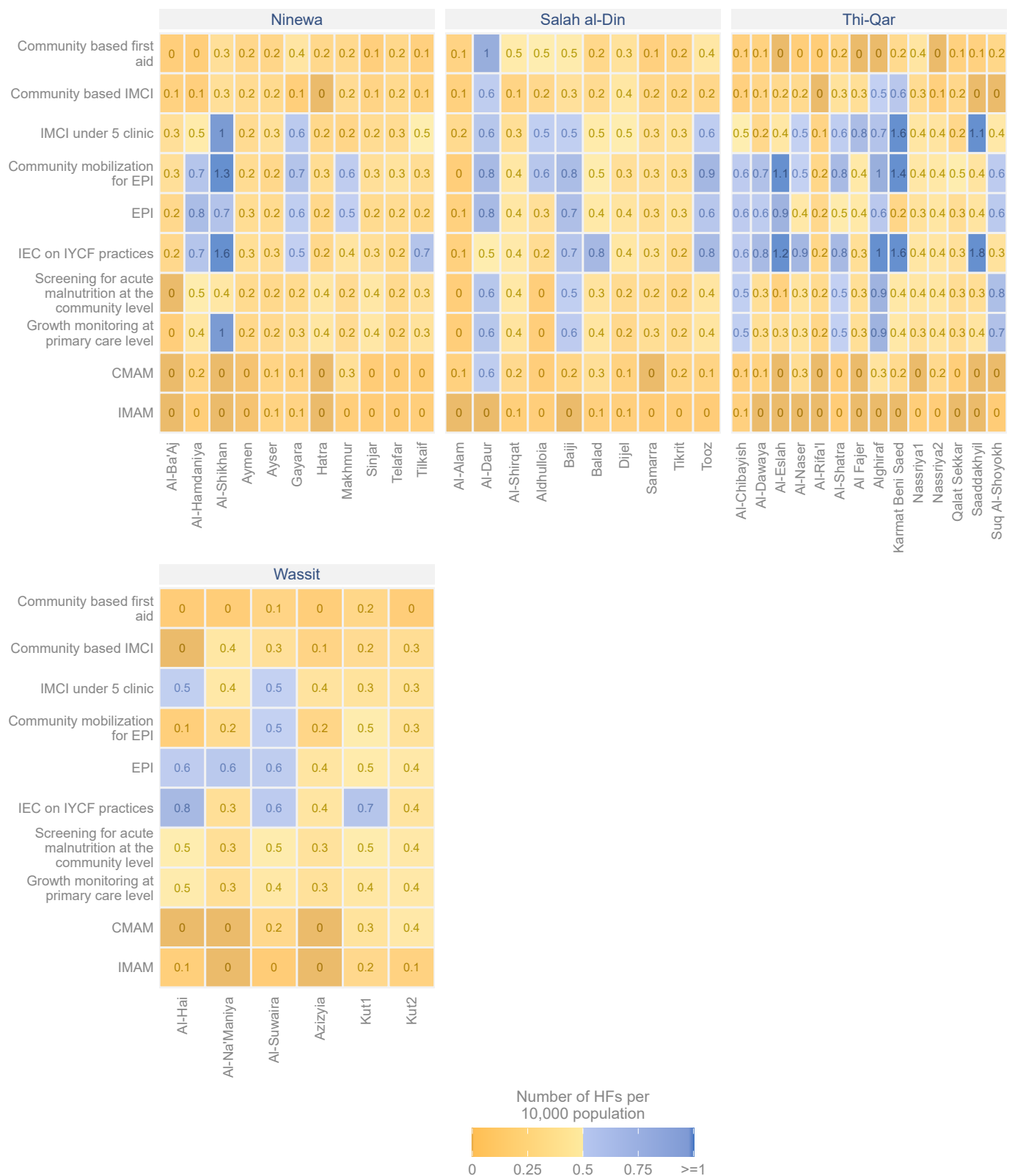


⁷ See annex II for population estimates.

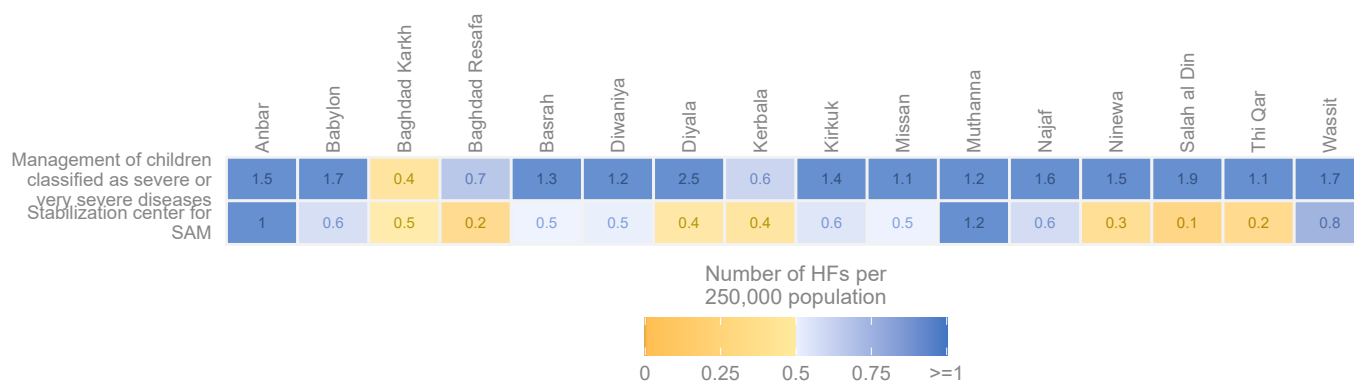
Number of health facilities providing essential community and primary services per 10,000 population (cont.)



Number of health facilities providing essential community and primary services per 10,000 population (cont.)



Number of health facilities providing specialized services per 250,000 population⁸



⁸ See annex II for population estimates.

MAIN BARRIERS IMPEDING SERVICE DELIVERY

Main barriers impeding availability of essential community and primary health services by governorate

	Anbar					Babylon					Baghdad-Karkh					Baghdad-Resafa				
Community-based first aid	105	50	121	66	23	30	14	41	56	24	54	20	38	33	12	53	21	42	39	22
	67%	32%	78%	42%	15%	41%	19%	56%	77%	33%	76%	28%	54%	46%	17%	68%	27%	54%	50%	28%
Community-based IMCI	120	63	108	41	26	19	15	31	20	24	37	19	36	16	9	24	11	35	34	13
	80%	42%	72%	27%	17%	41%	33%	67%	43%	52%	62%	32%	60%	27%	15%	46%	21%	67%	65%	25%
IMCI under 5 clinic	131	34	131	29	30	17	8	31	18	19	34	6	29	10	12	30	9	37	27	9
	80%	21%	80%	18%	18%	40%	19%	74%	43%	45%	77%	14%	66%	23%	27%	62%	19%	77%	56%	19%
Community mobilization for EPI	69	31	21	31	34	18	6	12	25	24	13	5	8	3	8	31	12	22	26	14
	80%	36%	24%	36%	40%	45%	15%	30%	62%	60%	72%	28%	44%	17%	44%	67%	26%	48%	57%	30%
EPI	74	24	32	35	22	14	2	14	23	16	10	3	13	9	10	15	8	18	19	12
	89%	29%	39%	42%	27%	45%	6%	45%	74%	52%	40%	12%	52%	36%	40%	45%	24%	55%	58%	36%
IEC on IYCF practices	84	56	45	25	46	30	4	15	30	46	12	5	7	7	8	23	13	20	16	14
	60%	40%	32%	18%	33%	47%	6%	23%	47%	72%	63%	26%	37%	37%	42%	56%	32%	49%	39%	34%
Screening for acute malnutrition at the community level	99	41	85	38	25	29	24	30	42	23	19	4	11	18	8	21	6	26	22	16
	71%	29%	61%	27%	18%	41%	34%	43%	60%	33%	61%	13%	35%	58%	26%	42%	12%	52%	44%	32%
Growth monitoring at primary care level	106	45	80	39	27	25	12	21	28	17	10		2	10	6	17	9	19	23	15
	75%	32%	57%	28%	19%	51%	24%	43%	57%	35%	83%		17%	83%	50%	41%	22%	46%	56%	37%
CMAM	117	55	74	52	13	38	28	29	43	27	38	12	27	18	18	49	14	39	29	35
	75%	35%	48%	34%	8%	51%	38%	39%	58%	36%	76%	24%	54%	36%	36%	64%	18%	51%	38%	45%
IMAM	125	33	122	53	21	41	26	45	39	31	40	14	30	18	18	76	26	58	36	47
	78%	20%	76%	33%	13%	53%	34%	58%	51%	40%	78%	27%	59%	35%	35%	67%	23%	51%	32%	42%
	Basrah					Diwaniya					Diyala					Kerbala				
Community-based first aid	66	17	57	41	21	18	18	50	47	11	35	23	34	23	7	19	10	26	9	15
	71%	18%	61%	44%	23%	29%	29%	81%	76%	18%	65%	43%	63%	43%	13%	56%	29%	76%	26%	44%
Community-based IMCI	73	23	32	18	26	23	19	45	24	20	31	12	23	23	9	11	3	13	3	10
	78%	25%	34%	19%	28%	42%	35%	82%	44%	36%	72%	28%	53%	53%	21%	58%	16%	68%	16%	53%
IMCI under 5 clinic	50	9	46	12	10	58	21	79	28	19	26	7	23	10	6	12	2	29	5	16
	70%	13%	65%	17%	14%	58%	21%	81%	29%	19%	81%	22%	72%	31%	19%	36%	6%	88%	15%	48%
Community mobilization for EPI	37	8	11	10	17	9	14	25	28	16	27	2	14	21	14	12		18	3	24
	76%	16%	22%	20%	35%	22%	35%	62%	70%	40%	79%	6%	41%	62%	41%	44%		67%	11%	89%
EPI	23	1	14	16	12	10	5	34	24	18	29	8	23	23	13	10	2	24	3	11
	68%	3%	41%	47%	35%	23%	11%	77%	55%	41%	78%	22%	62%	62%	35%	32%	6%	77%	10%	35%
IEC on IYCF practices	34	3	9	3	12	32	22	57	39	15	26	4	18	19	18	25	18	15	3	23
	81%	7%	21%	7%	29%	42%	29%	75%	51%	20%	67%	10%	46%	49%	46%	58%	42%	35%	7%	53%
Screening for acute malnutrition at the community level	30	4	17	13	15	11	4	34	22	12	29	8	24	26	14	10	3	14	1	9
	70%	9%	40%	30%	35%	30%	11%	92%	59%	32%	69%	19%	57%	62%	33%	50%	15%	70%	5%	45%
Growth monitoring at primary care level	27	4	16	10	13	10	9	31	16	8	24	9	21	15	8	14	4	11	1	9
	68%	10%	40%	25%	32%	28%	25%	86%	44%	22%	77%	29%	68%	48%	26%	64%	18%	50%	5%	41%
CMAM	54	17	38	26	26	13	11	56	32	40	33	15	26	24	17	12	2	5	1	6
	69%	22%	49%	33%	33%	19%	16%	81%	46%	58%	66%	30%	52%	48%	34%	75%	12%	31%	6%	38%
IMAM	50	11	56	34	34	17	12	61	36	43	34	15	22	15	14	17	5	4	1	9
	57%	12%	64%	39%	39%	21%	15%	76%	45%	54%	77%	34%	50%	34%	32%	94%	28%	22%	6%	50%
	Kirkuk					Missan					Muthanna					Najaf				
Community-based first aid	60	7	39	20	16	34	5	17	14	5	28	14	10	5	16	53	28	24	36	4
	82%	10%	53%	27%	22%	94%	14%	47%	39%	14%	90%	45%	32%	16%	52%	79%	42%	36%	54%	6%
Community-based IMCI	31	24	30	28	24	45	3	14	12	18	21	8	10	3	8	43	21	3	26	1
	38%	30%	37%	35%	30%	94%	6%	29%	25%	38%	91%	35%	43%	13%	35%	96%	47%	7%	58%	2%
IMCI under 5 clinic	33	8	35	15	23	43	9	22	6	13	11	2	4	4	5	64	35	31	18	1
	53%	13%	56%	24%	37%	96%	20%	49%	13%	29%	92%	17%	33%	33%	42%	84%	46%	41%	24%	1%
Community mobilization for EPI	18	7	6	9	33	24	1	3	9	11	12	5	5	5	10	35	8	20	11	20
	46%	18%	15%	23%	85%	89%	4%	11%	33%	41%	80%	33%	33%	33%	67%	71%	16%	41%	22%	41%
EPI	14	2	5	9	25	27	1	7	11	13	9	2	2	4	5	24	2	12	33	2
	45%	6%	16%	29%	81%	96%	4%	25%	39%	46%	90%	20%	20%	40%	50%	62%	5%	31%	85%	5%
IEC on IYCF practices	20	1	4	9	20	14		17	7	18	32	9	7	4	19	26	11	28	18	34
	65%	3%	13%	29%	65%	40%		49%	20%	51%	100%	28%	22%	12%	59%	39%	16%	42%	27%	51%
Screening for acute malnutrition at the community level	19	7	9	11	23	35	3	10	9	8	30	3	9	6	19	27	14	22	13	2
	51%	19%	24%	30%	62%	97%	8%	28%	25%	22%	94%	9%	28%	19%	59%	66%	34%	54%	32%	5%
Growth monitoring at primary care level	14	6	12	12	24	32	3	10	10	4	28	2	9	7	17	23	9	6	12	2
	39%	17%	33%	33%	67%	97%	9%	30%	30%	12%	90%	6%	29%	23%	55%	85%	33%	22%	44%	7%
CMAM	48	14	32	23	28	39	1	12	18	15	32	7	11	4	19	29	10	9	10	5
	58%	17%	39%	28%	34%	98%	3%	30%	45%	38%	89%	19%	31%	11%	53%	85%	29%	26%	29%	15%
IMAM	60	3	56	27	42	36	1	18	23	19	42	12	11	7	31	41	28	36	18	16
	65%	3%	61%	29%	46%	92%	3%	46%	59%	49%	86%	24%	22%	14%	63%	63%	43%	55%	28%	25%

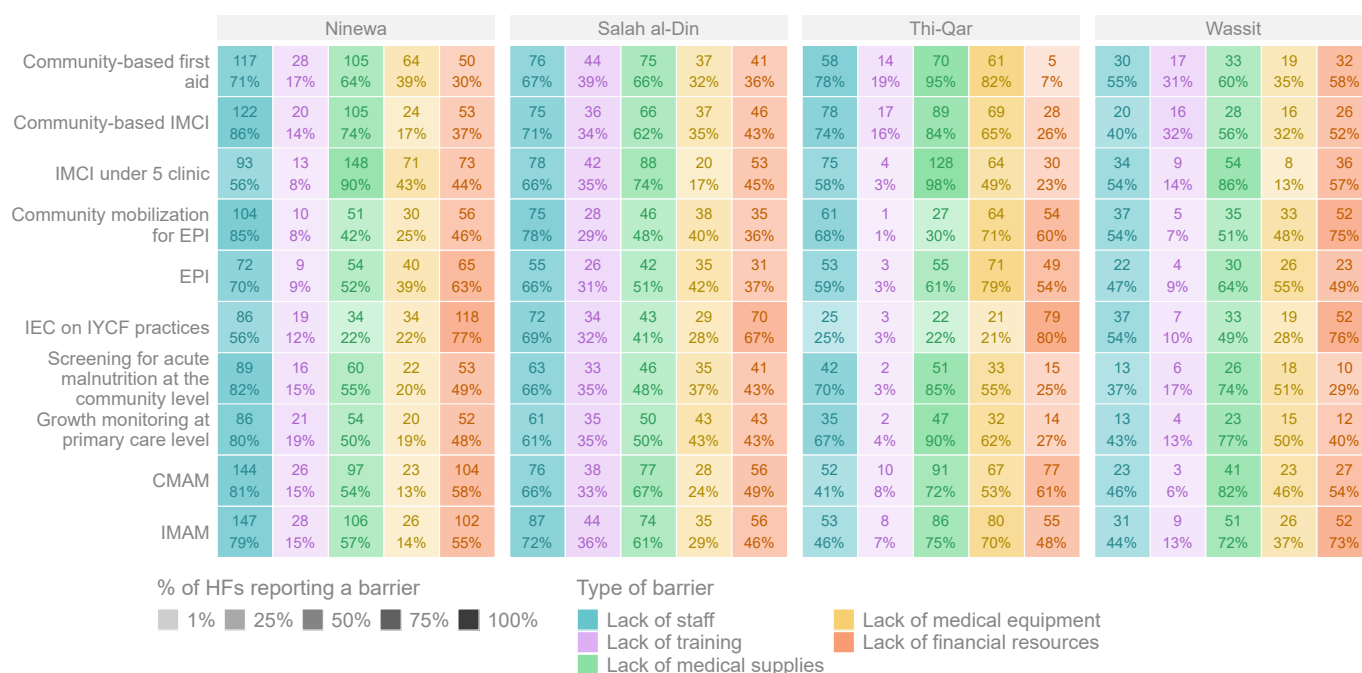
% of HFs reporting a barrier

1% 25% 50% 75% 100%

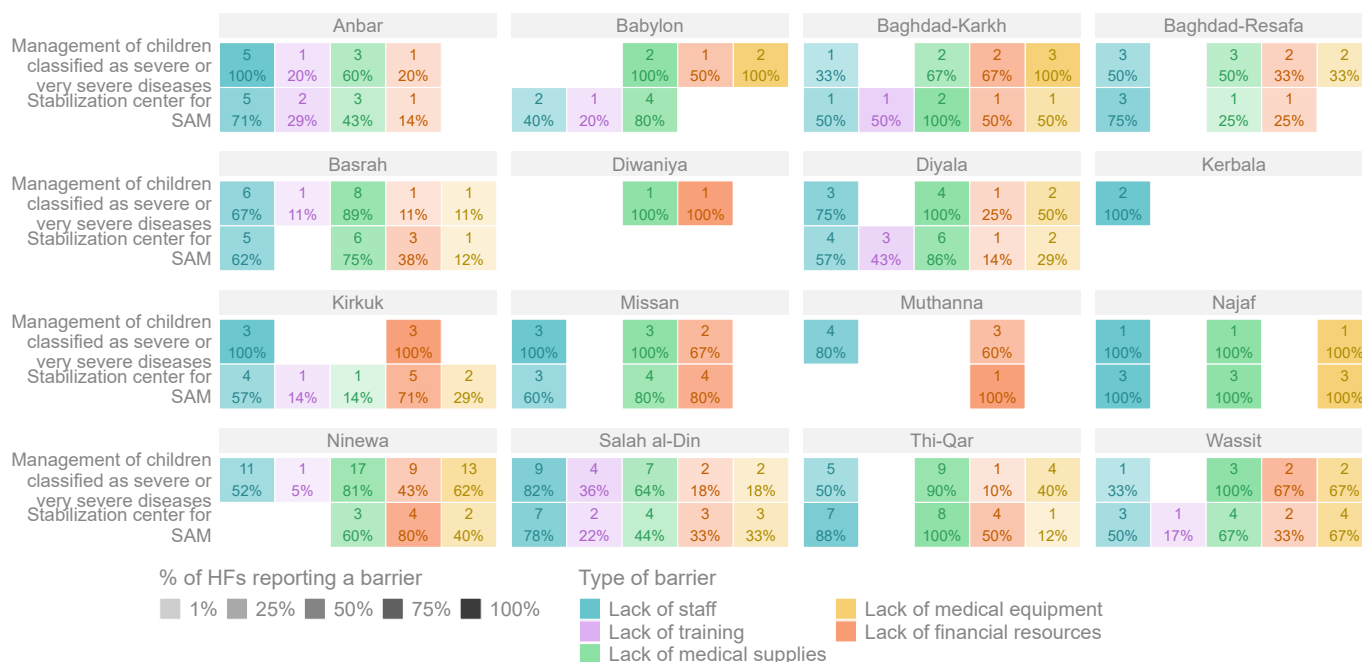
Type of barrier

Lack of staff
Lack of training
Lack of medical supplies
Lack of medical equipment
Lack of financial resources

Main barriers impeding availability of essential community and primary health services by governorate (cont.)



Main barriers impeding availability of specialized services by governorate



PART II:

IN-DEPTH ANALYSIS BY HEALTH SERVICE

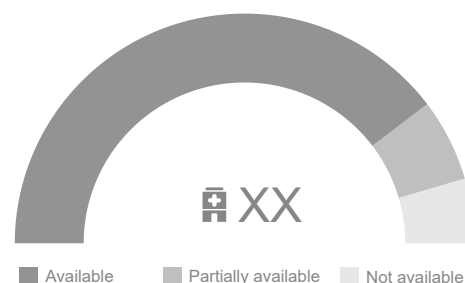


HOW TO READ THE CHARTS AND THE MAPS

Indicator status

Arc charts

For each indicator, an arc chart provides an overview of the overall status (i.e. functionality, availability, sufficiency, etc.), hereafter referred to as "availability". The total number of health facilities included in the analysis of an indicator is shown inside the arc chart. It is important to note that the total number of health facilities included in the analysis of an indicator can vary due to the exclusion of non-operational and non-reporting health facilities from subsequent analyses (see page 3 for details).



The status of an indicator is further broken down by Governorate and or type of health facility.

Column charts

Column charts display the status of an indicator by governorate. The number of health facilities in a governorate is shown below the governorate's name.

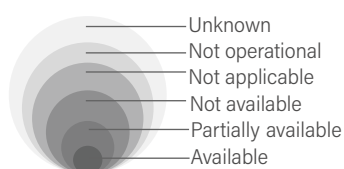


Donut charts

Each donut chart represents a type of health facility. The percentage of health facilities for which the indicators was available or partially available is shown inside the donut while the total number of health facilities included is shown at the bottom of the chart, below the health facility type name. If an indicator was not available in any health facility, the number inside the chart will display the percentage of health facilities for which the indicator was partially or not available.



Maps



Maps display the availability of an indicator at the Governorate level. In contrast to charts and to highlight areas not reporting, respectively the impact of non-operational health facilities, maps depict all health facilities included in the HeRAMS assessment. The outermost circle corresponds to the cumulative number of health facilities in a Governorate. Each circle may be divided into multiple smaller circles, with each color representing the proportion of health facilities of a specific availability status.

For each circle, the corresponding Governorate name is shown in the map label together with the total number of health facilities evaluated (excluding non-reporting health facilities and health facilities where the indicator is not applicable or not relevant). The second number displays by default the percentage of evaluated health facilities for which the indicator was fully available. Any deviation from this is clearly stated in the map legend.

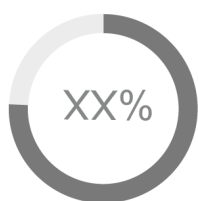
Map label:

Governorate name
X / X%

Reasons of unavailability

If an indicator was not or only partially available, main reasons of unavailability (i.e. causes of damage, reasons for non-functionality, etc.) were collected. Similarly, indicators assessing availability and sufficiency of basic amenities may have a sub-question gathering additional information on the type of amenity available. Alike reasons of unavailability, types of amenities are only evaluated if the amenity was at least partially available. For simplicity reasons, causes of damage, non-functionality and inaccessibility, reasons of unavailability, types of basic amenities, and type of support provided by partners are hereafter commonly referred to as "reasons".

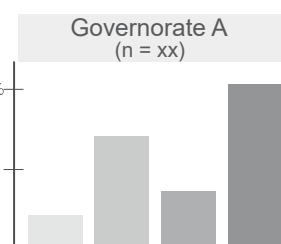
Donut charts



Each donut chart indicates the percentage of health facilities having reported a given reason. The total number of health facilities reporting at least one reason is shown below the chart header.

Bar charts

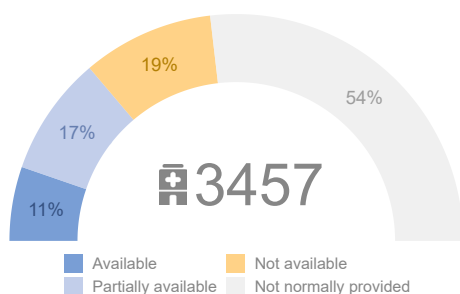
Bar charts depicting reasons follow the same logic as donut charts and exclude health facilities where the indicator was fully available. The number of health facilities reporting at least one reason is displayed below the Governorate's name.



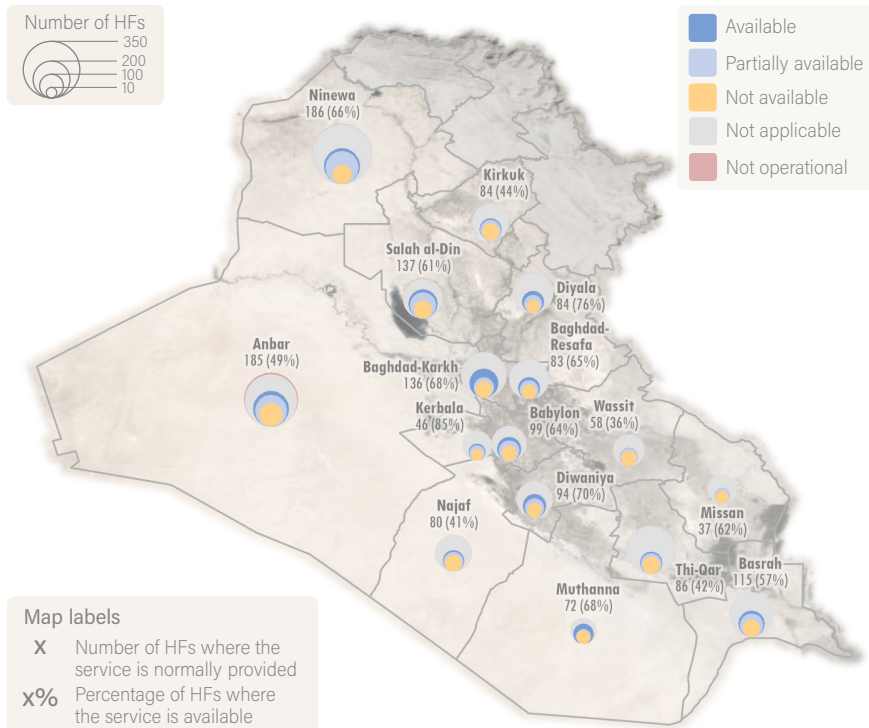
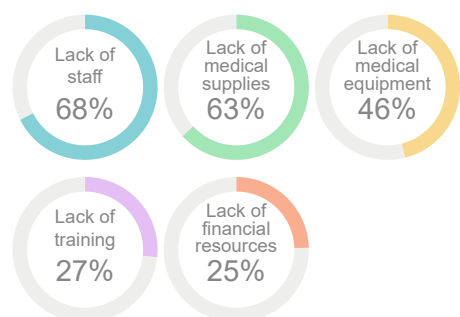
Important: The denominators for reasons charts exclude health facilities where the indicator was fully available or in the case of basic amenities not available. It should further be noted that health facilities could report up to three reasons for each indicator. Thus, the sum of all reasons may exceed 100%.

COMMUNITY-BASED FIRST AID

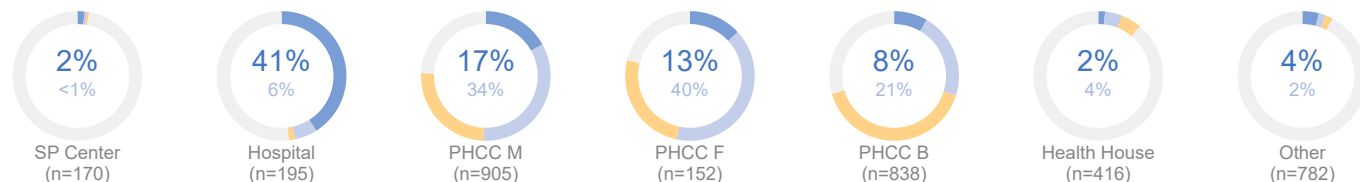
Overall service availability



Main barriers impeding service delivery n = 1236



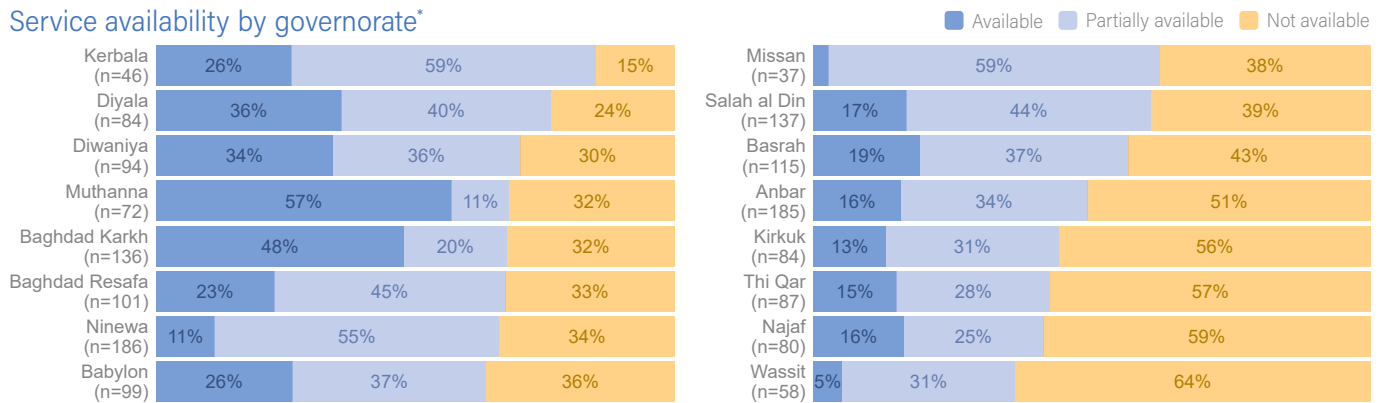
Service availability by type of HF



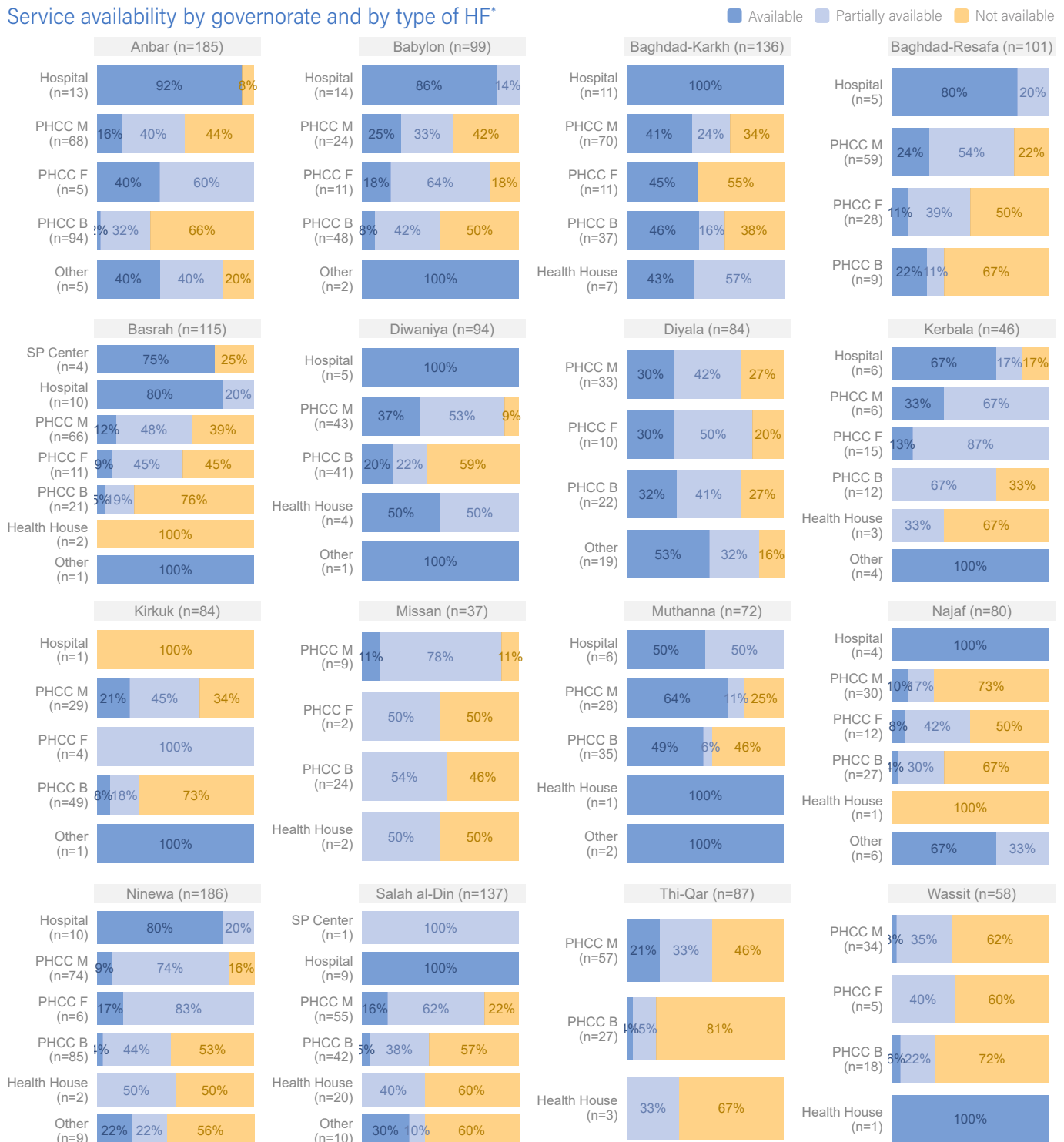
Main barriers impeding service delivery by governorate



Service availability by governorate*



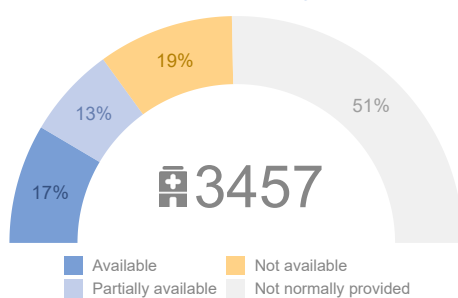
Service availability by governorate and by type of HF*



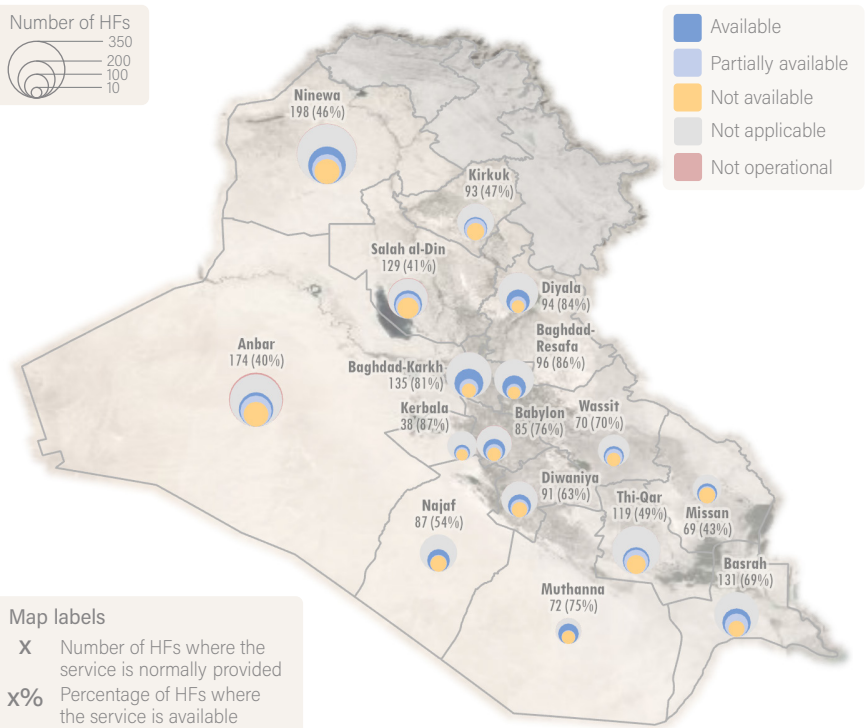
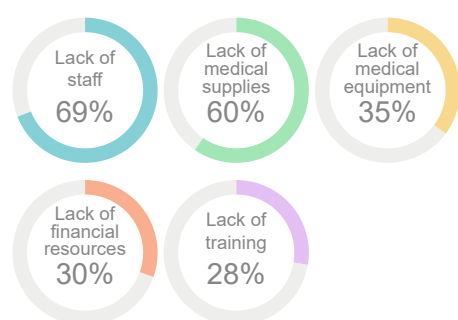
* Health facilities where the service availability is unknown or where the service is not normally provided are excluded.

COMMUNITY-BASED IMCI

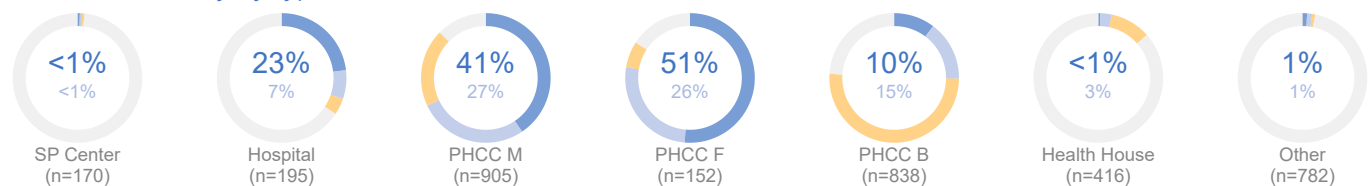
Overall service availability



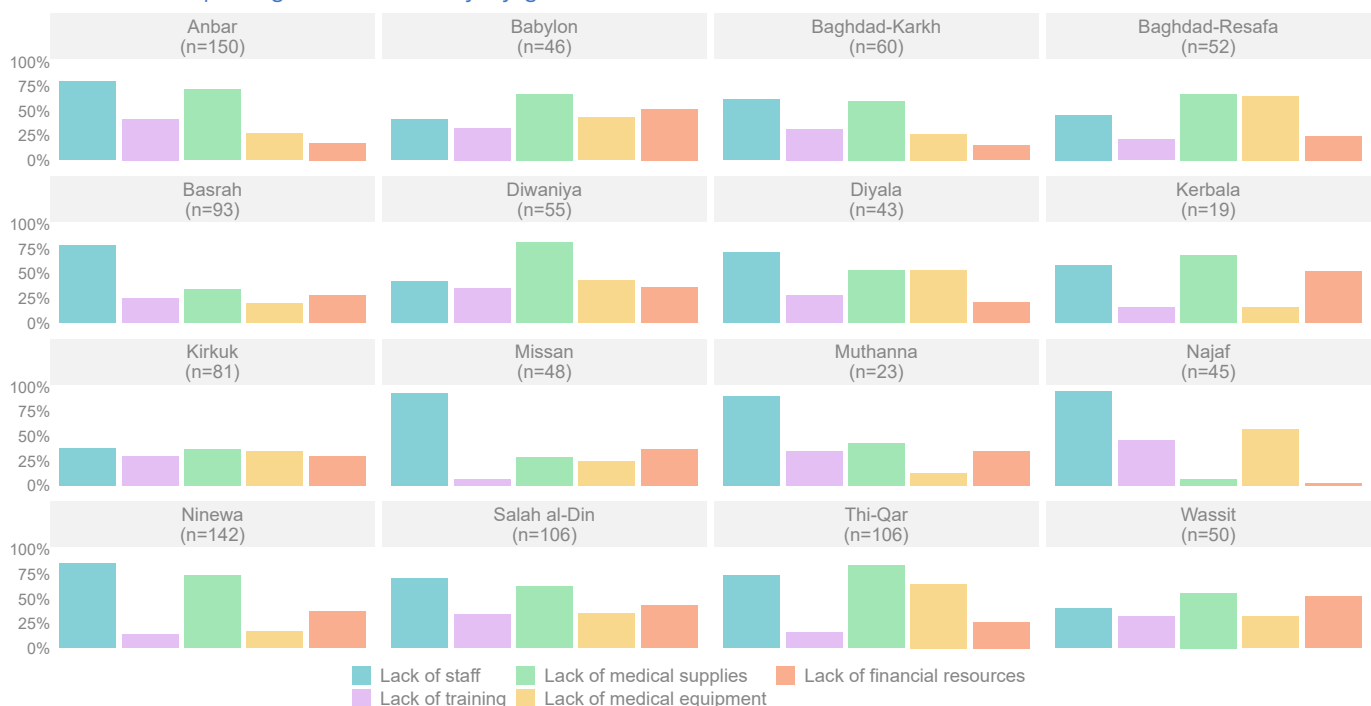
Main barriers impeding service delivery n = 1119



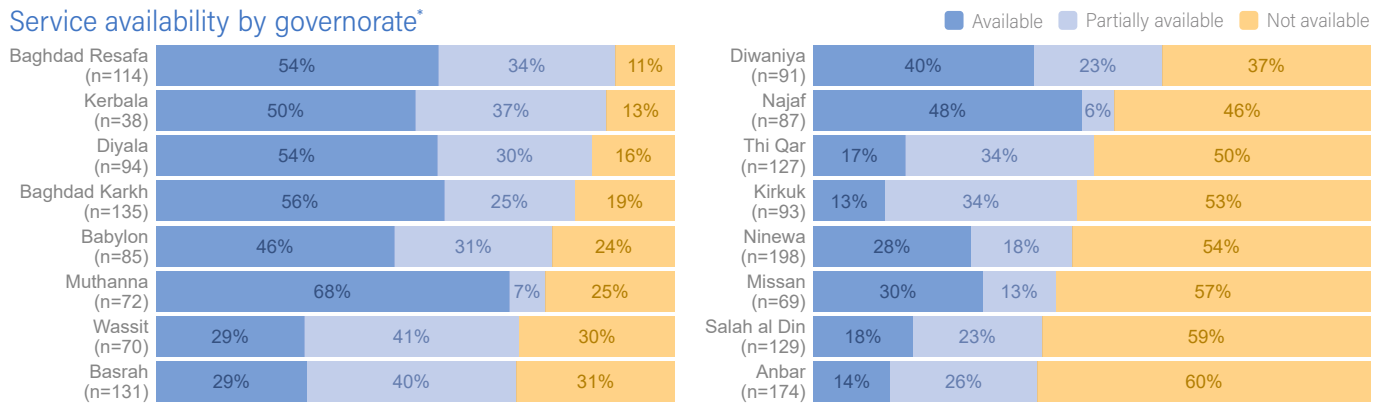
Service availability by type of HF



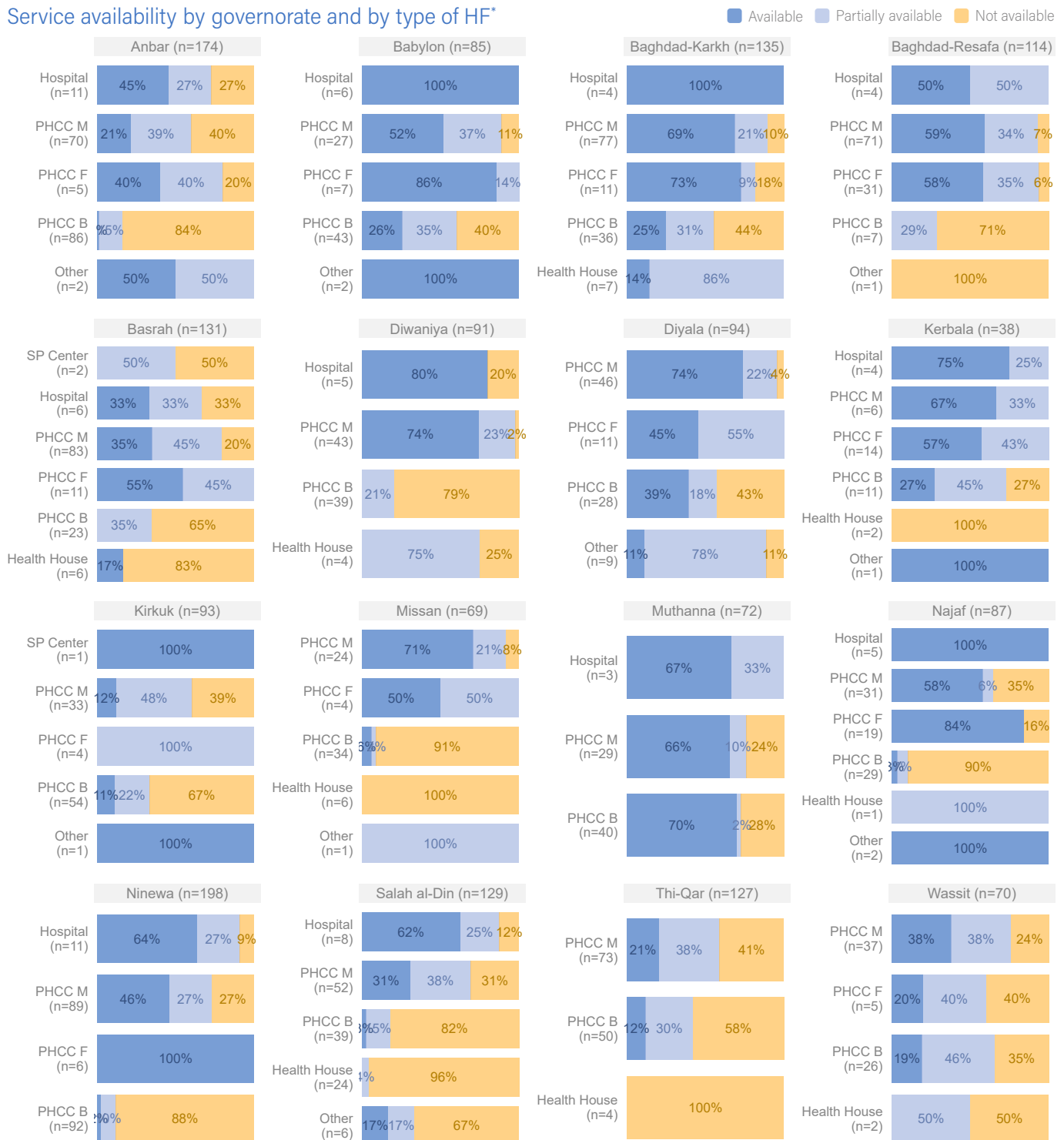
Main barriers impeding service delivery by governorate



Service availability by governorate*



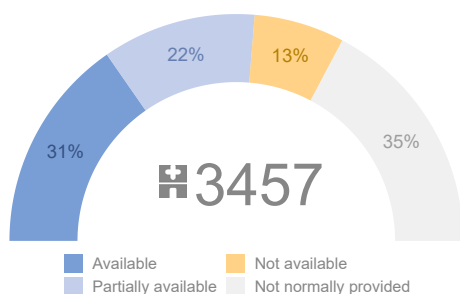
Service availability by governorate and by type of HF*



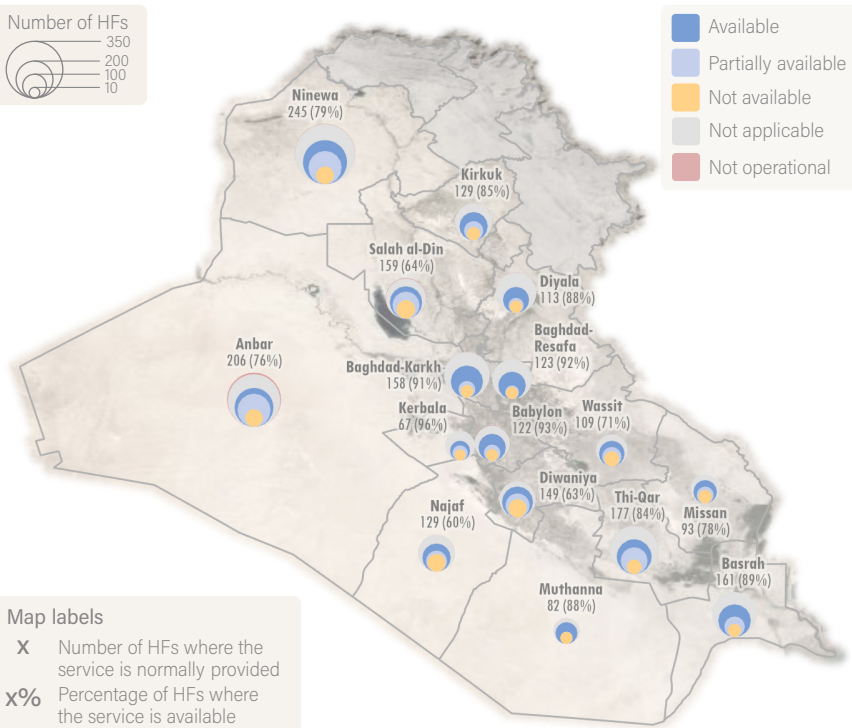
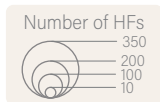
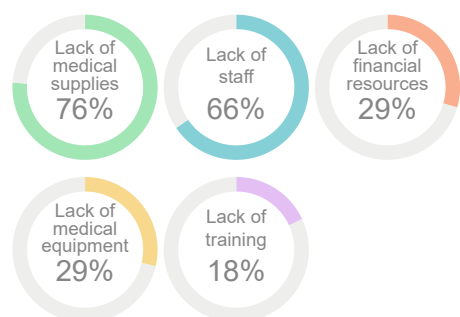
* Health facilities where the service availability is unknown or where the service is not normally provided are excluded.

IMCI UNDER 5 CLINIC

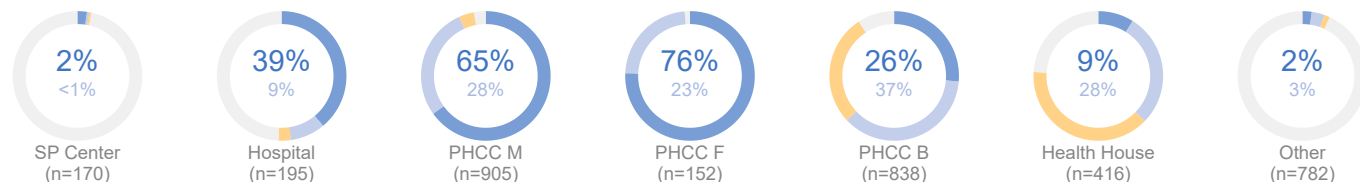
Overall service availability



Main barriers impeding service delivery n = 1204



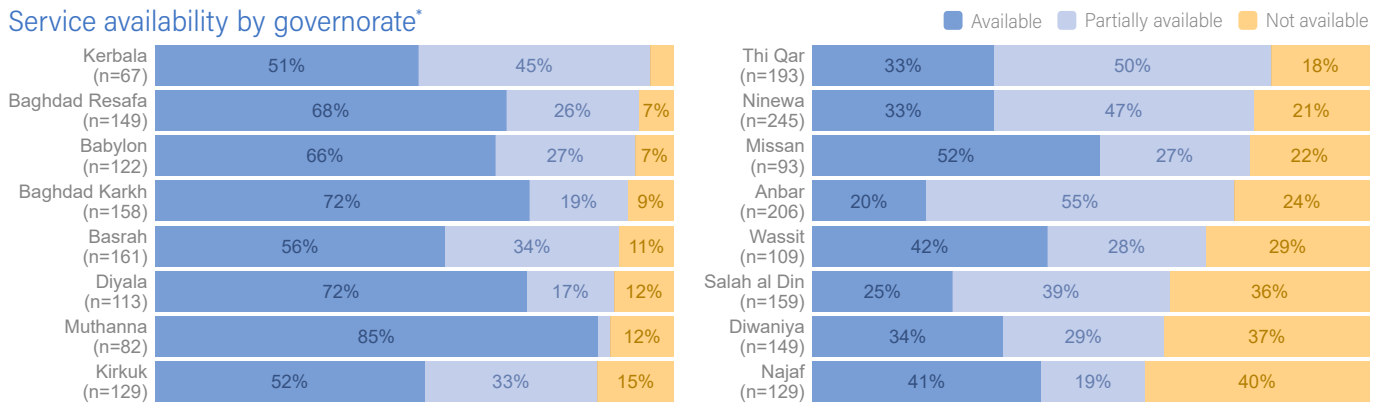
Service availability by type of HF



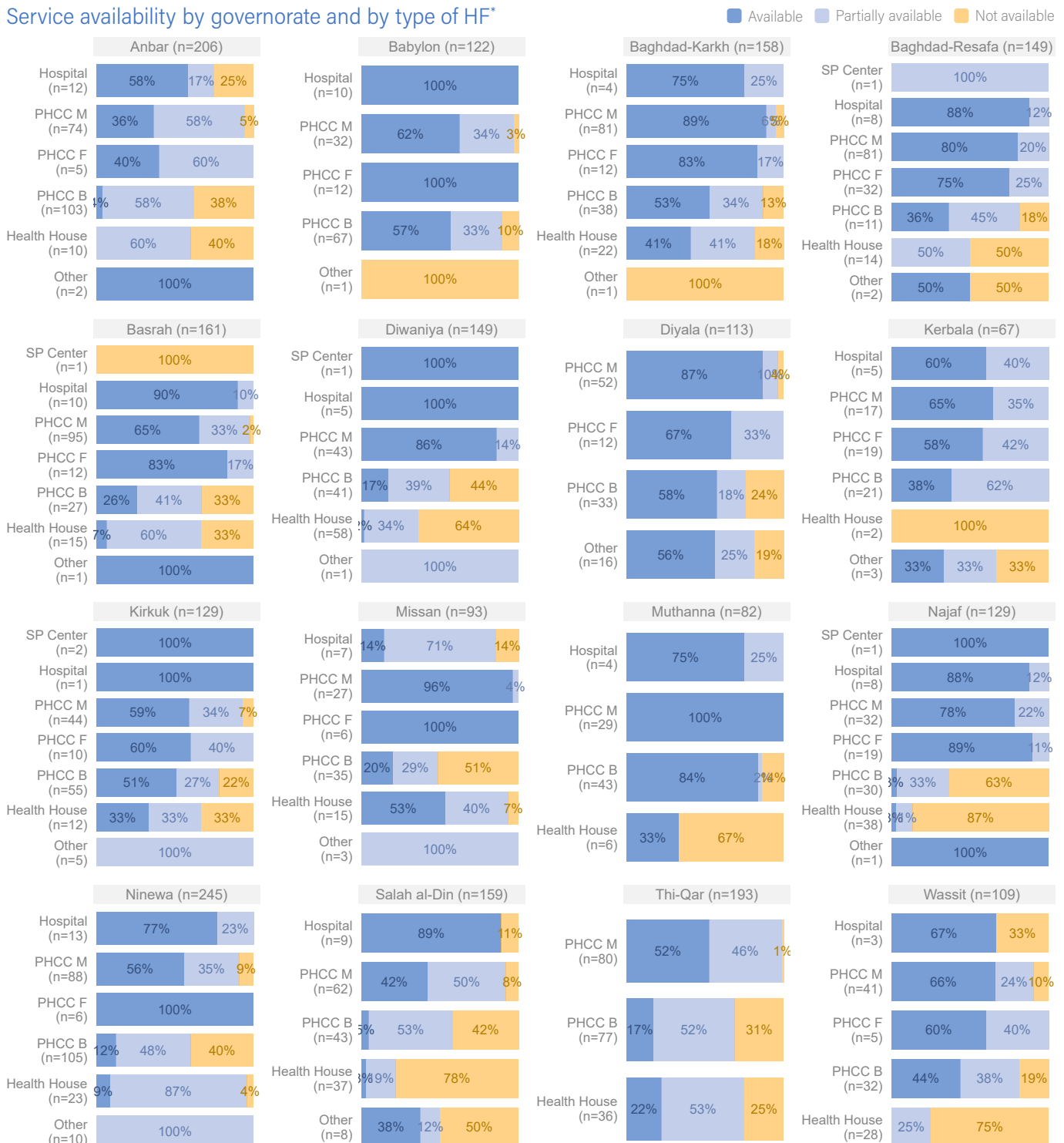
Main barriers impeding service delivery by governorate



Service availability by governorate*



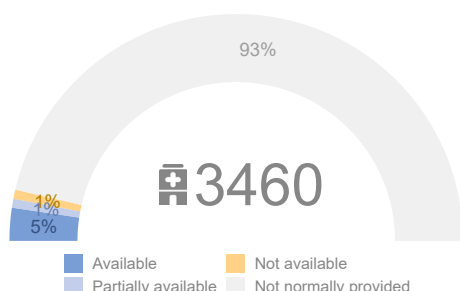
Service availability by governorate and by type of HF*



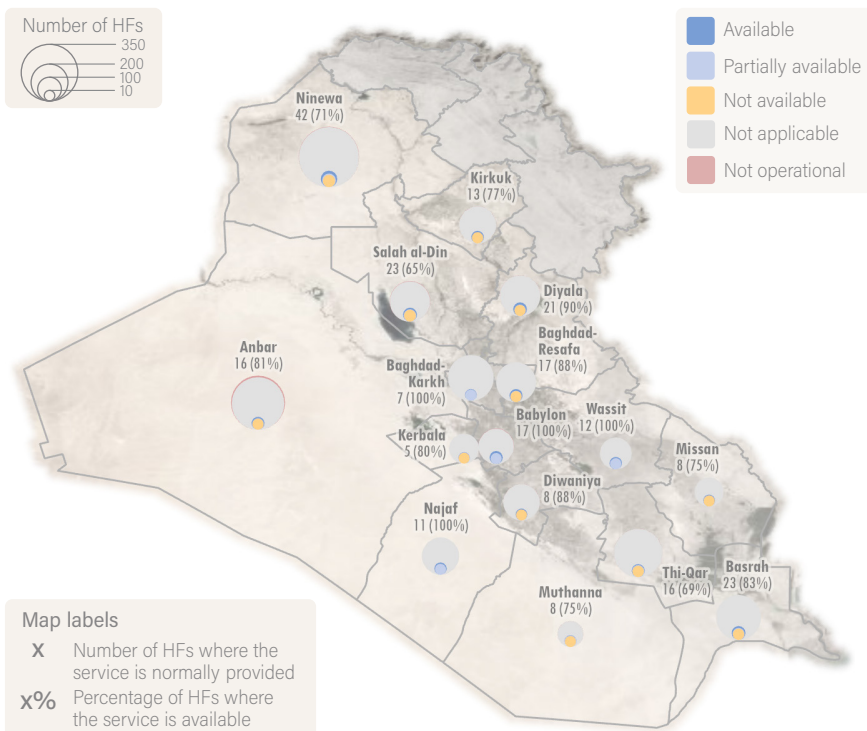
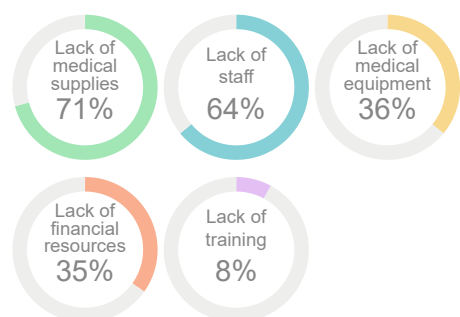
* Health facilities where the service availability is unknown or where the service is not normally provided are excluded.

MANAGEMENT OF CHILDREN CLASSIFIED AS SEVERE OR VERY SEVERE DISEASES

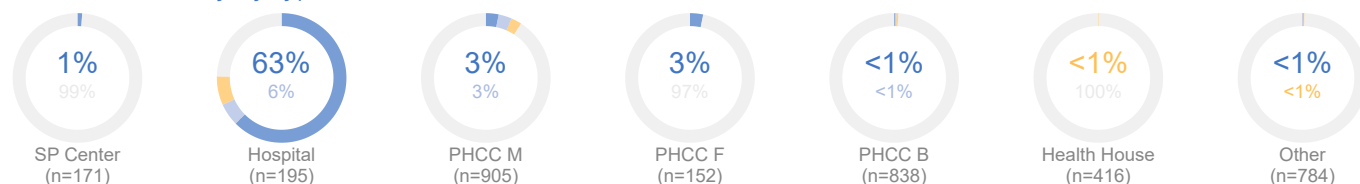
Overall service availability



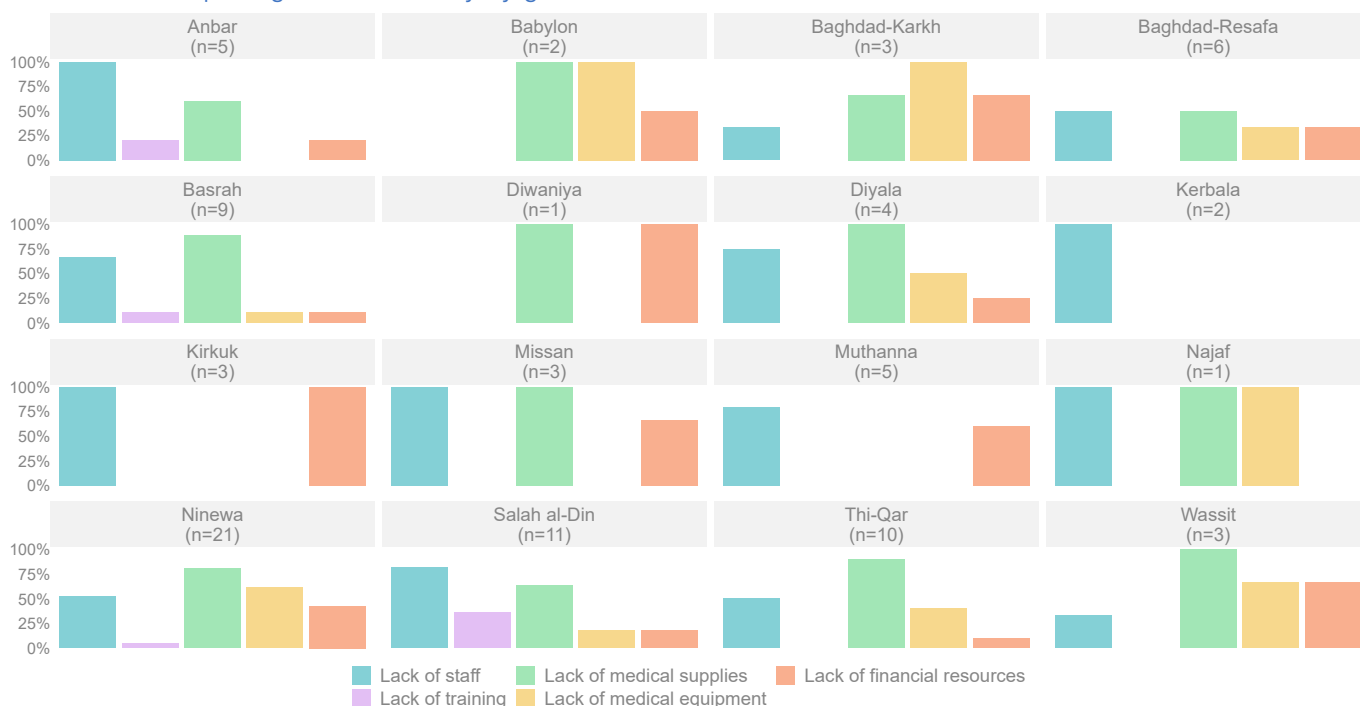
Main barriers impeding service delivery n = 89



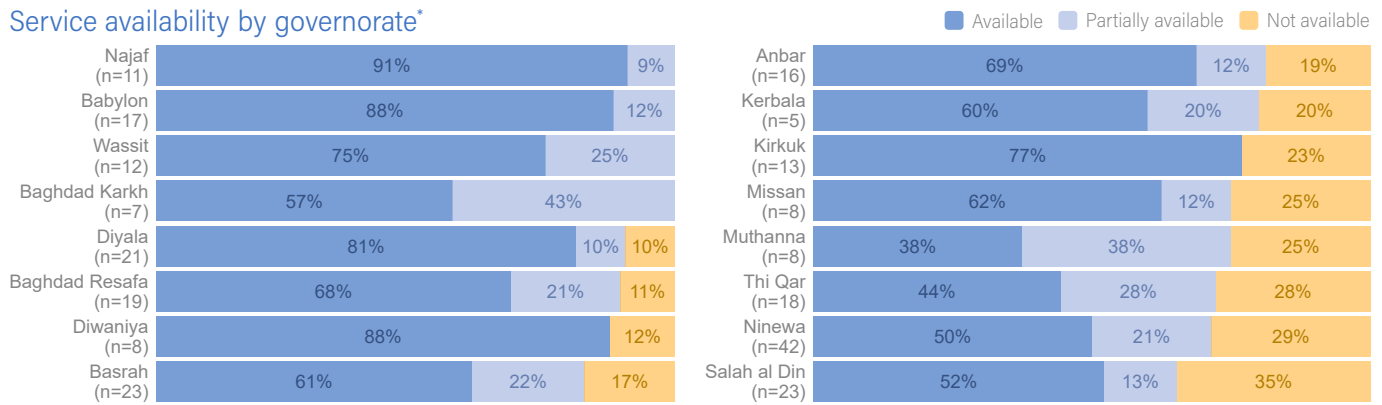
Service availability by type of HF



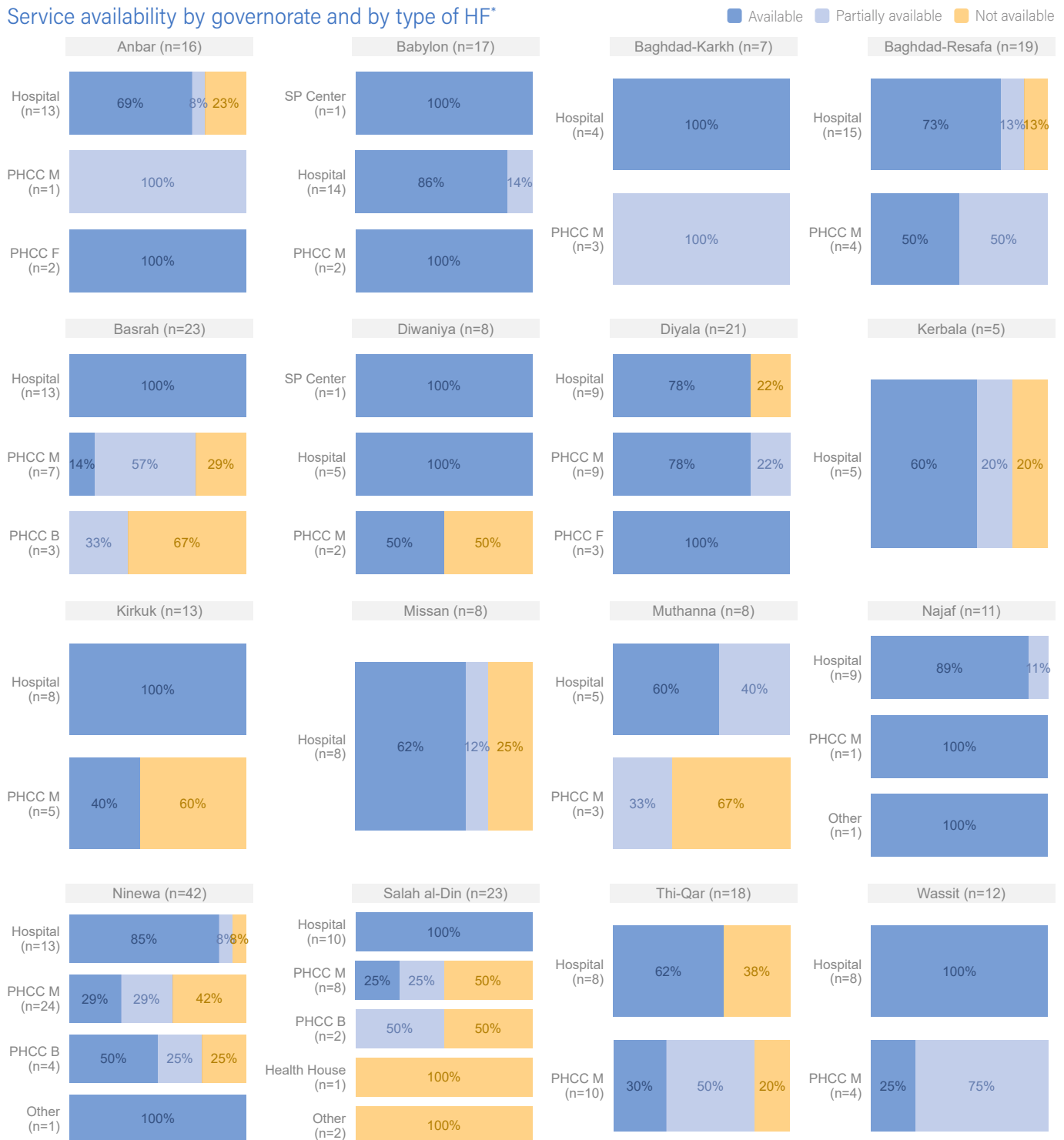
Main barriers impeding service delivery by governorate



Service availability by governorate*



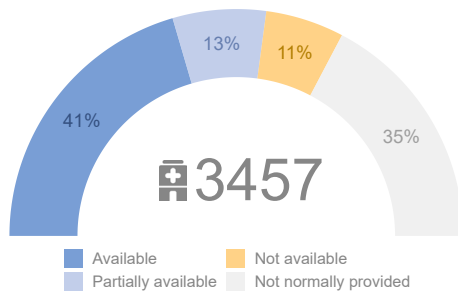
Service availability by governorate and by type of HF*



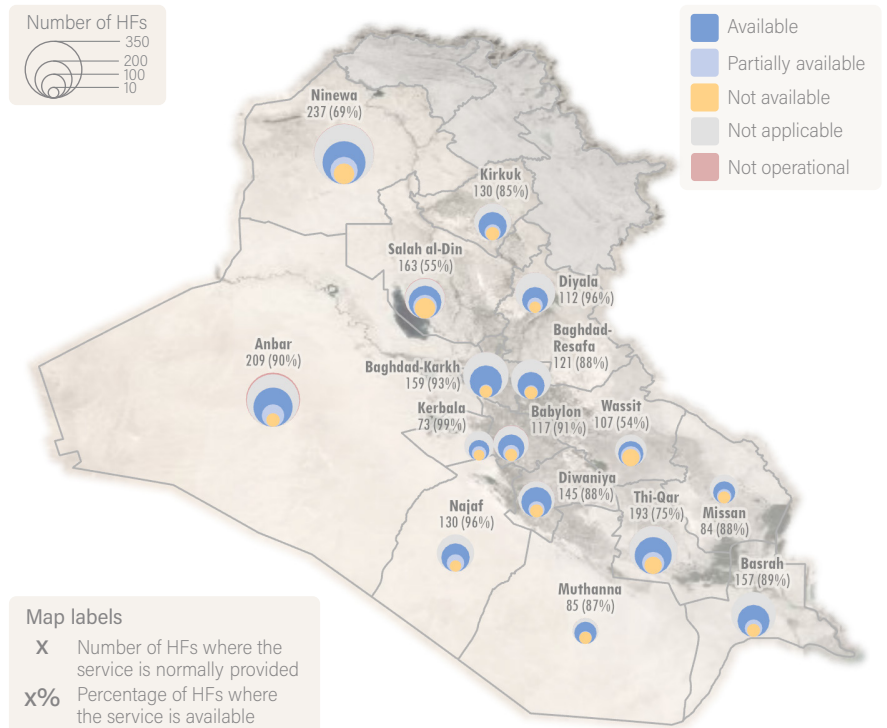
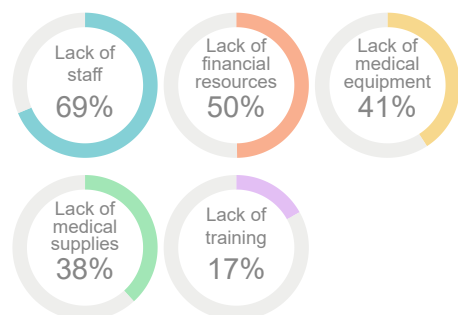
* Health facilities where the service availability is unknown or where the service is not normally provided are excluded.

COMMUNITY MOBILIZATION FOR EPI

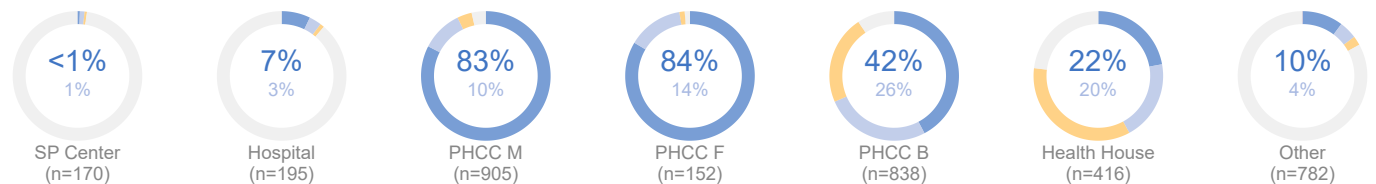
Overall service availability



Main barriers impeding service delivery n = 847



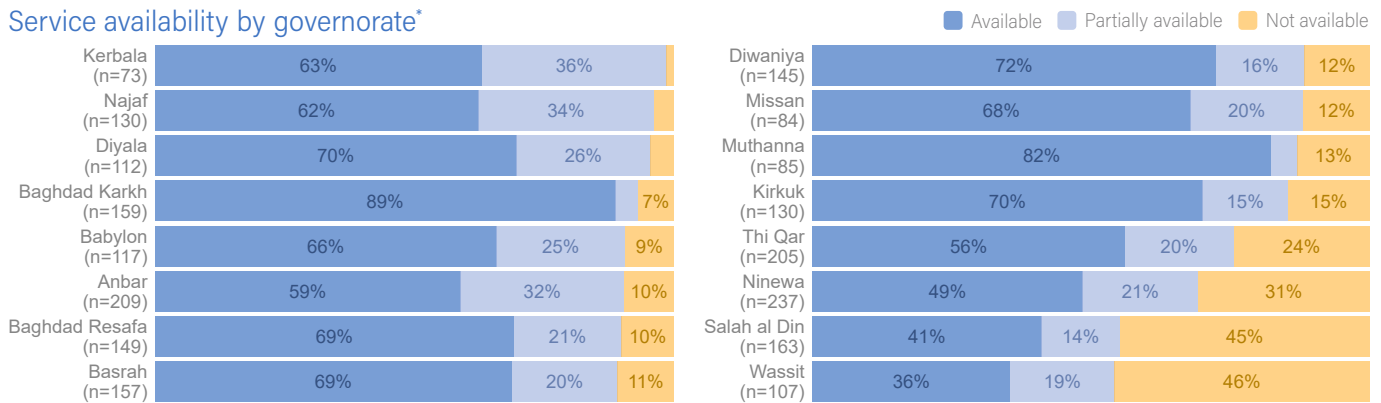
Service availability by type of HF



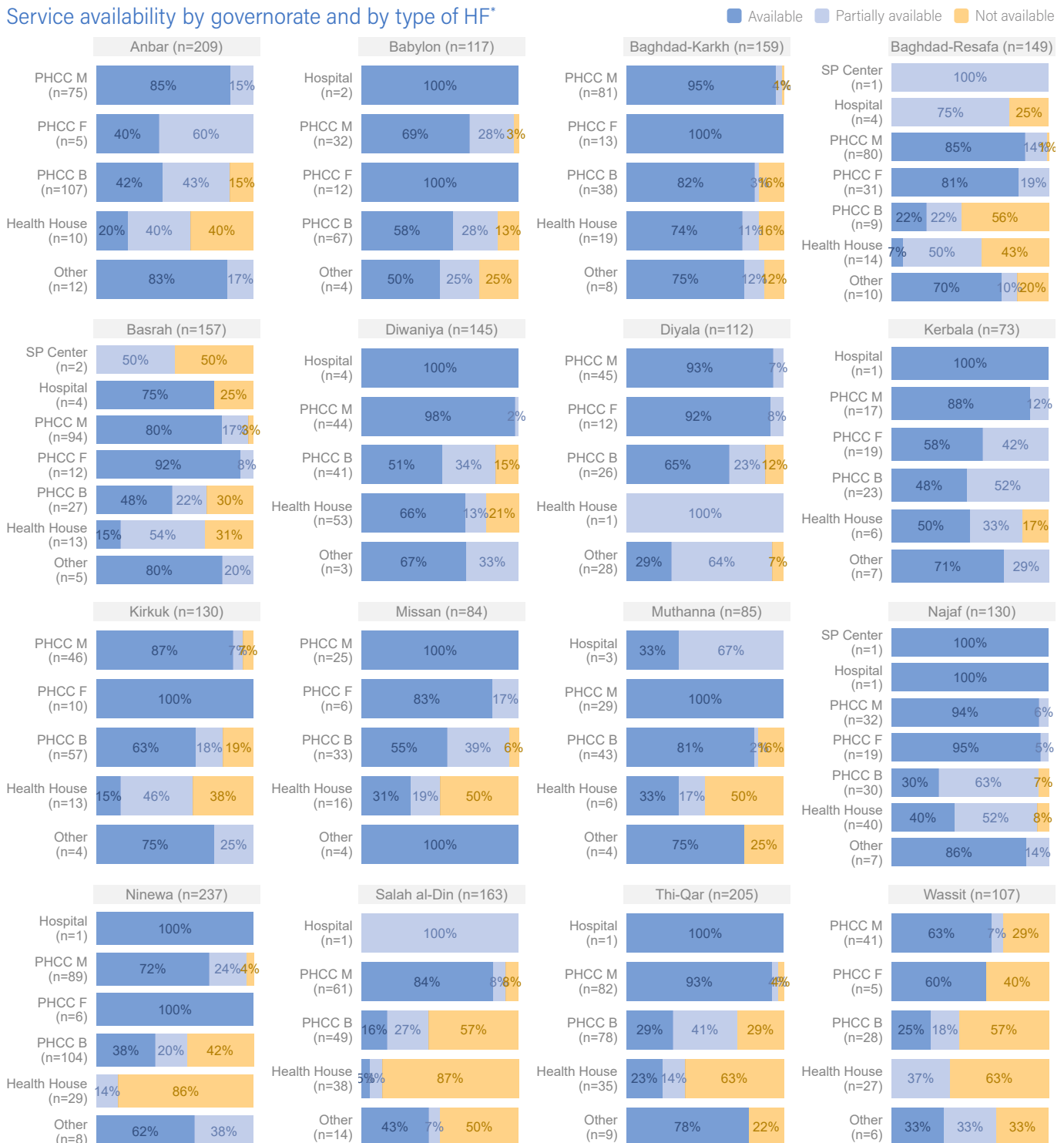
Main barriers impeding service delivery by governorate



Service availability by governorate*



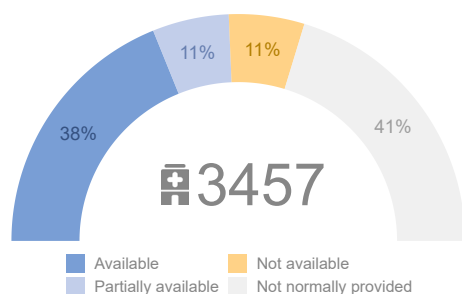
Service availability by governorate and by type of HF*



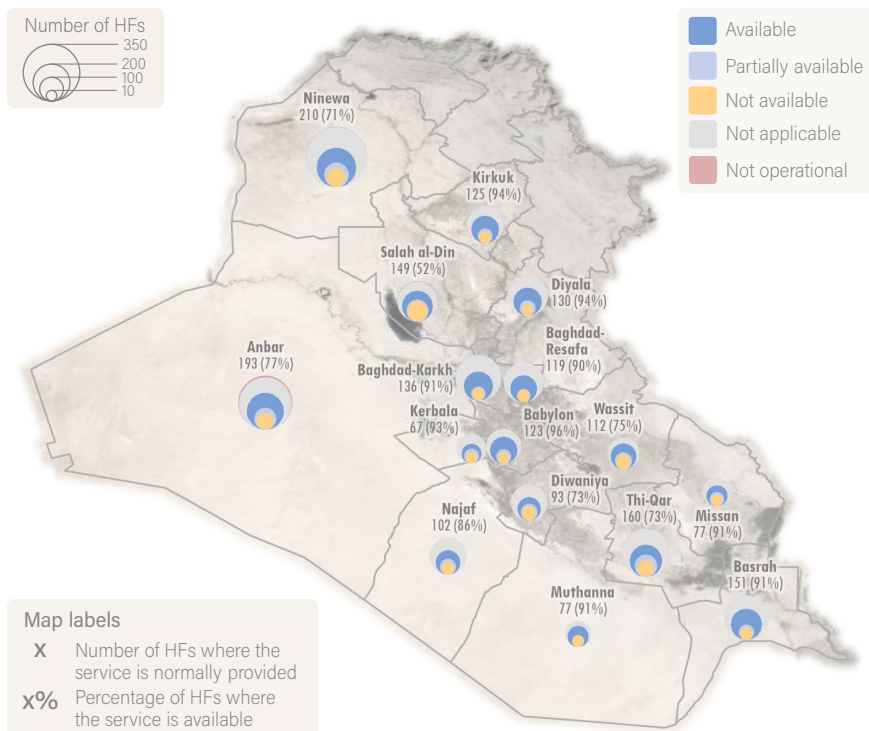
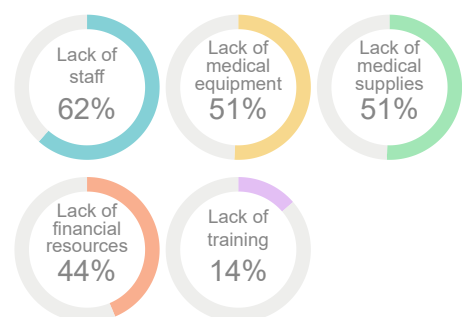
* Health facilities where the service availability is unknown or where the service is not normally provided are excluded.

EPI

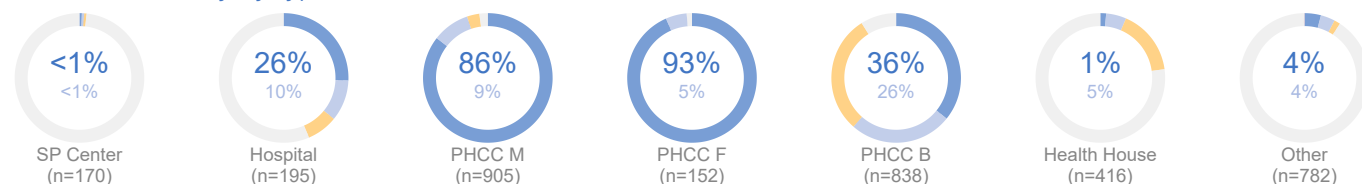
Overall service availability



Main barriers impeding service delivery n = 749



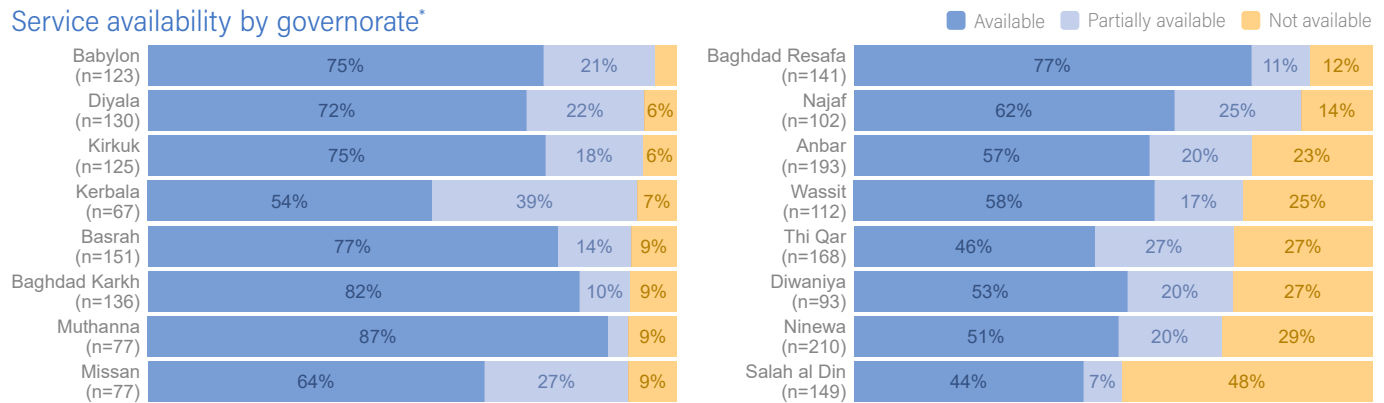
Service availability by type of HF



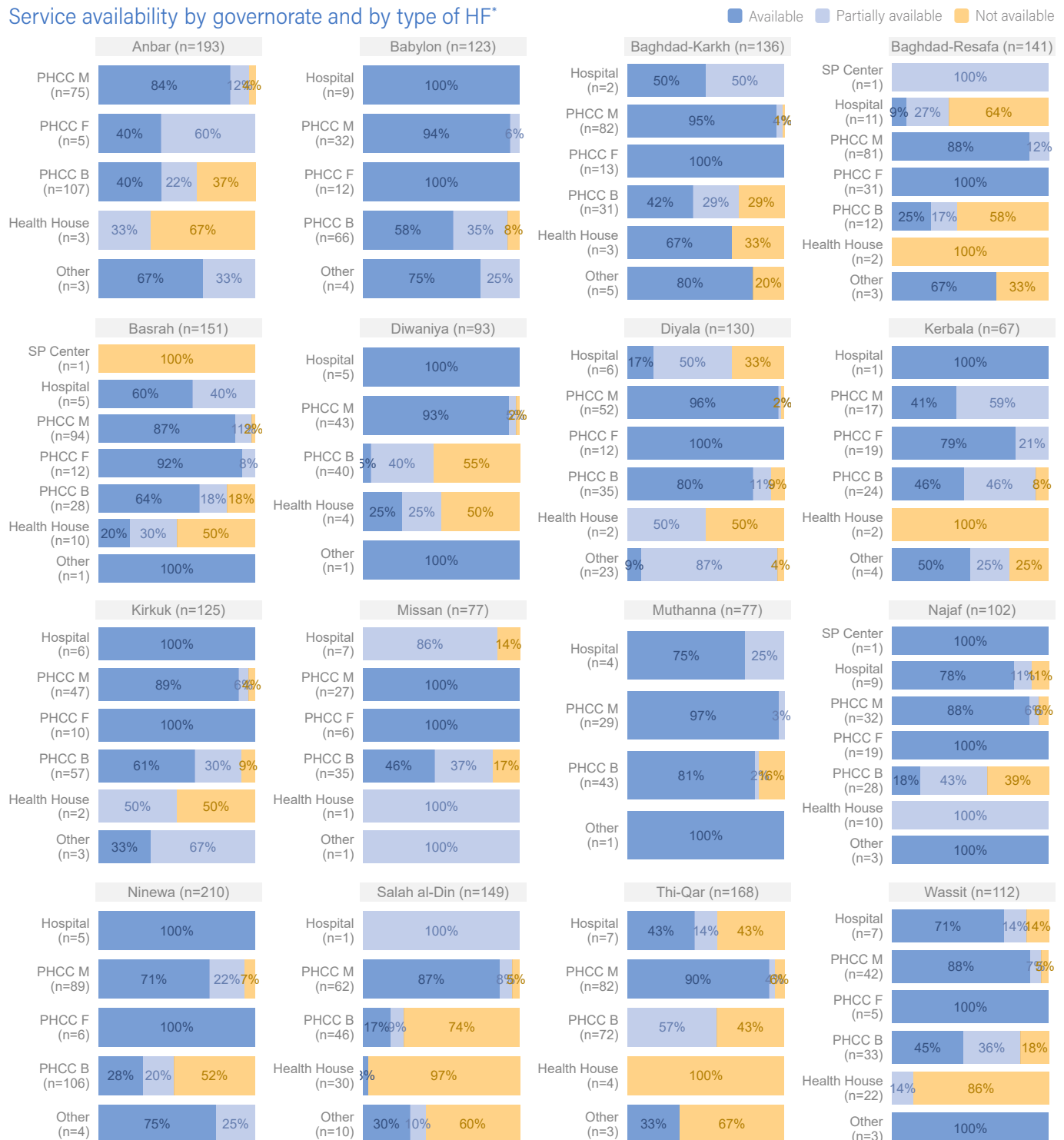
Main barriers impeding service delivery by governorate



Service availability by governorate*



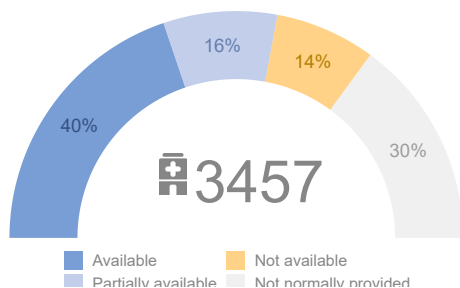
Service availability by governorate and by type of HF*



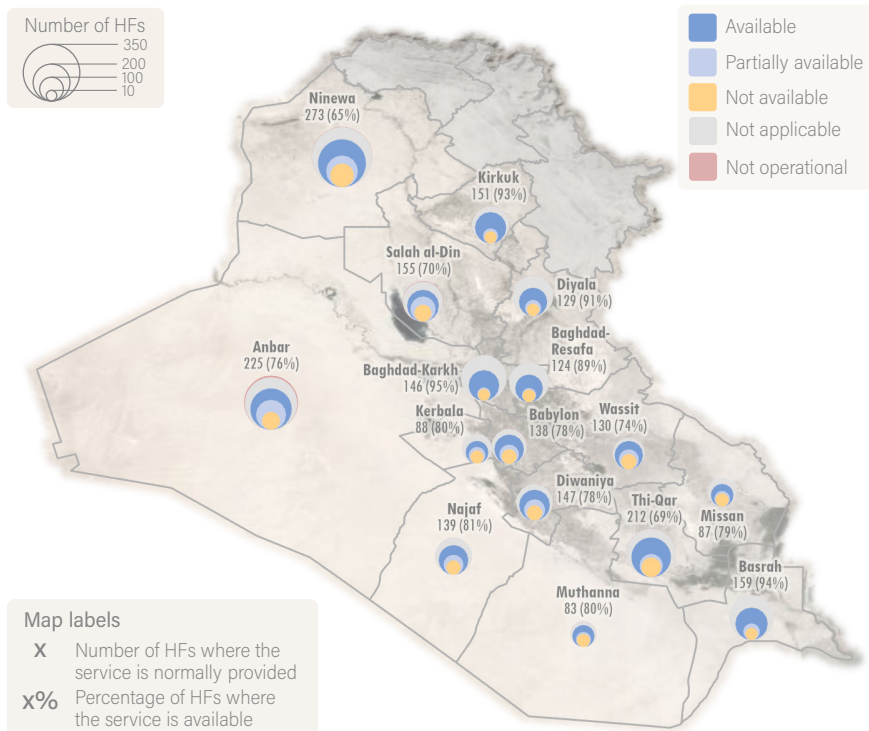
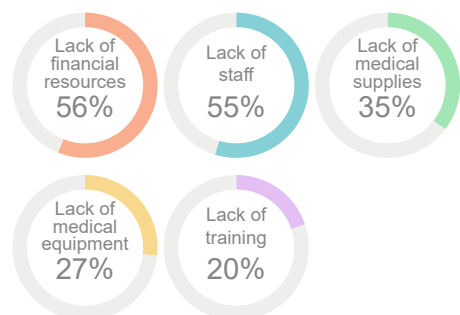
* Health facilities where the service availability is unknown or where the service is not normally provided are excluded.

IEC ON IYCF PRACTICES

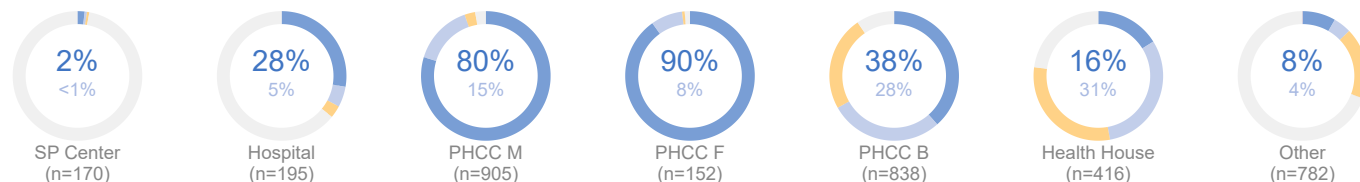
Overall service availability



Main barriers impeding service delivery n = 1056



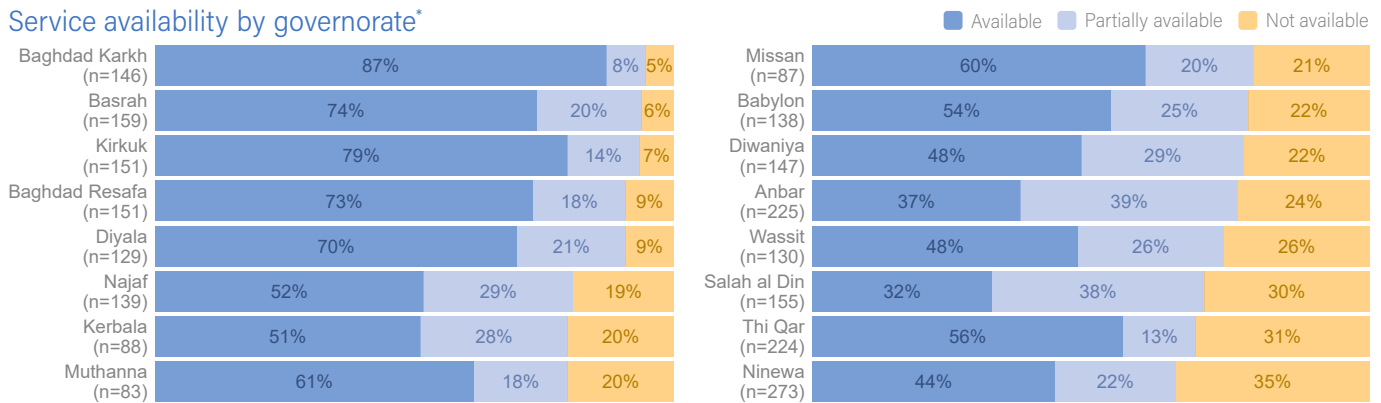
Service availability by type of HF



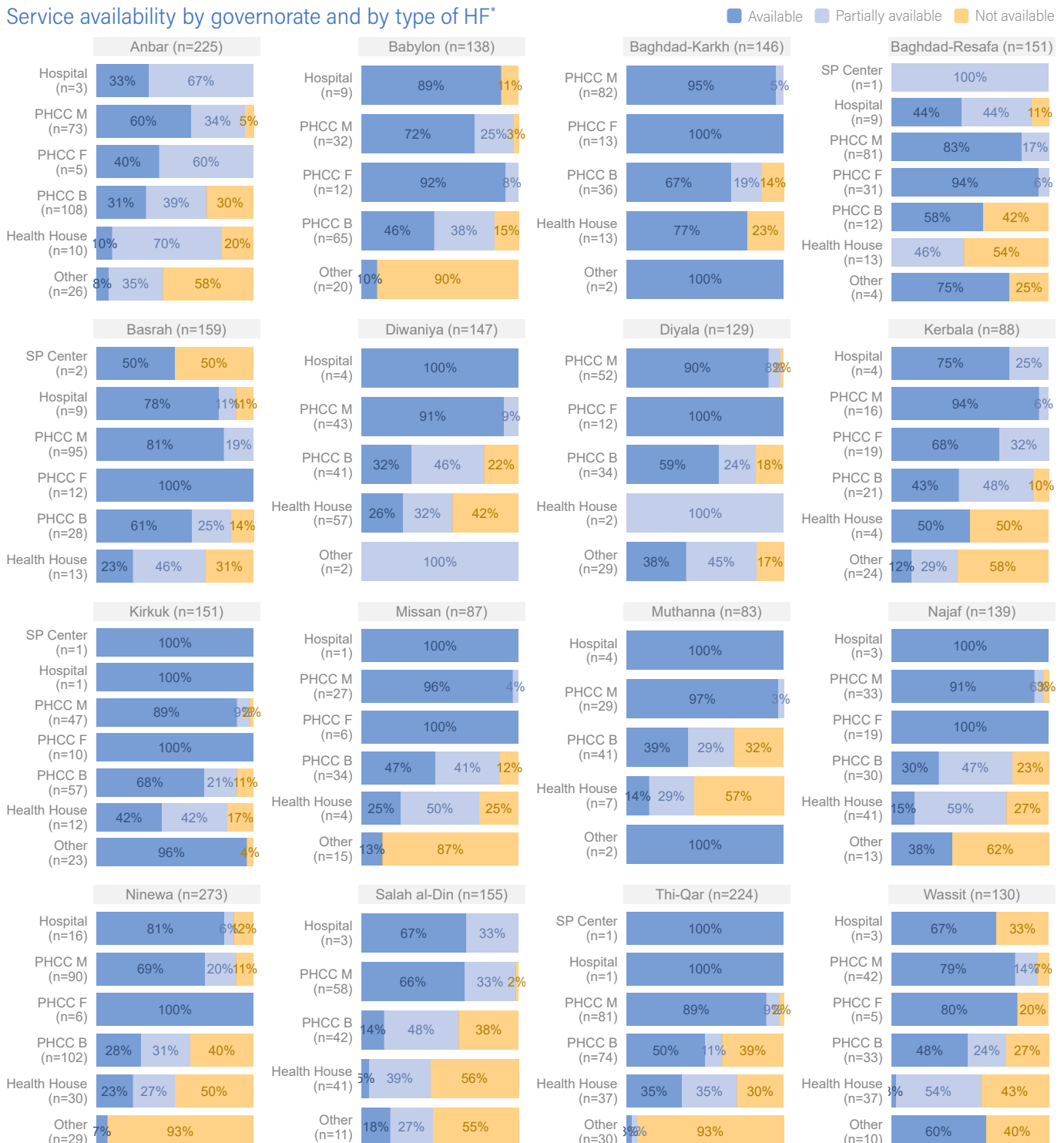
Main barriers impeding service delivery by governorate



Service availability by governorate*



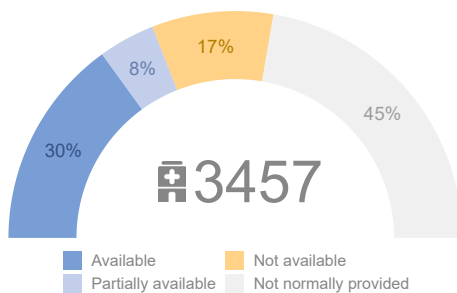
Service availability by governorate and by type of HF*



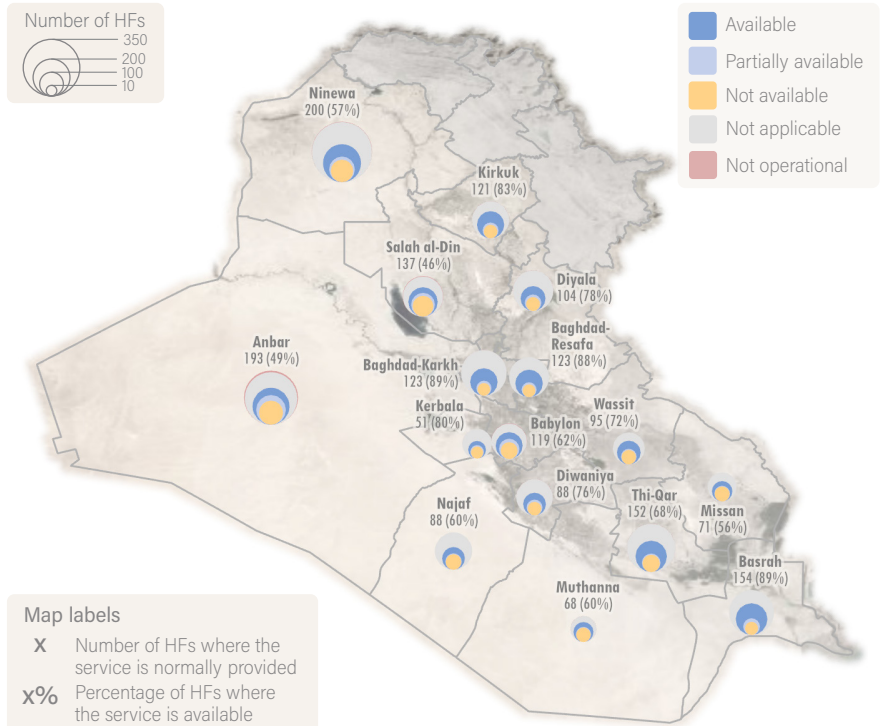
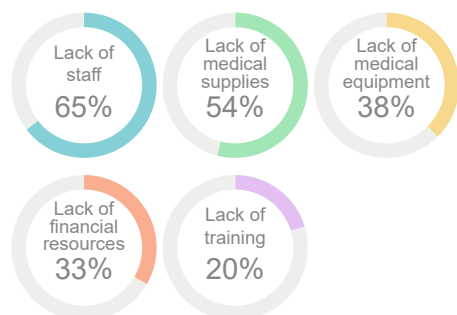
* Health facilities where the service availability is unknown or where the service is not normally provided are excluded.

SCREENING FOR ACUTE MALNUTRITION AT THE COMMUNITY LEVEL

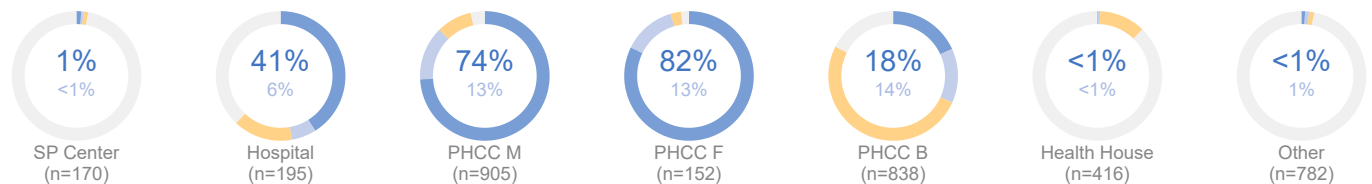
Overall service availability



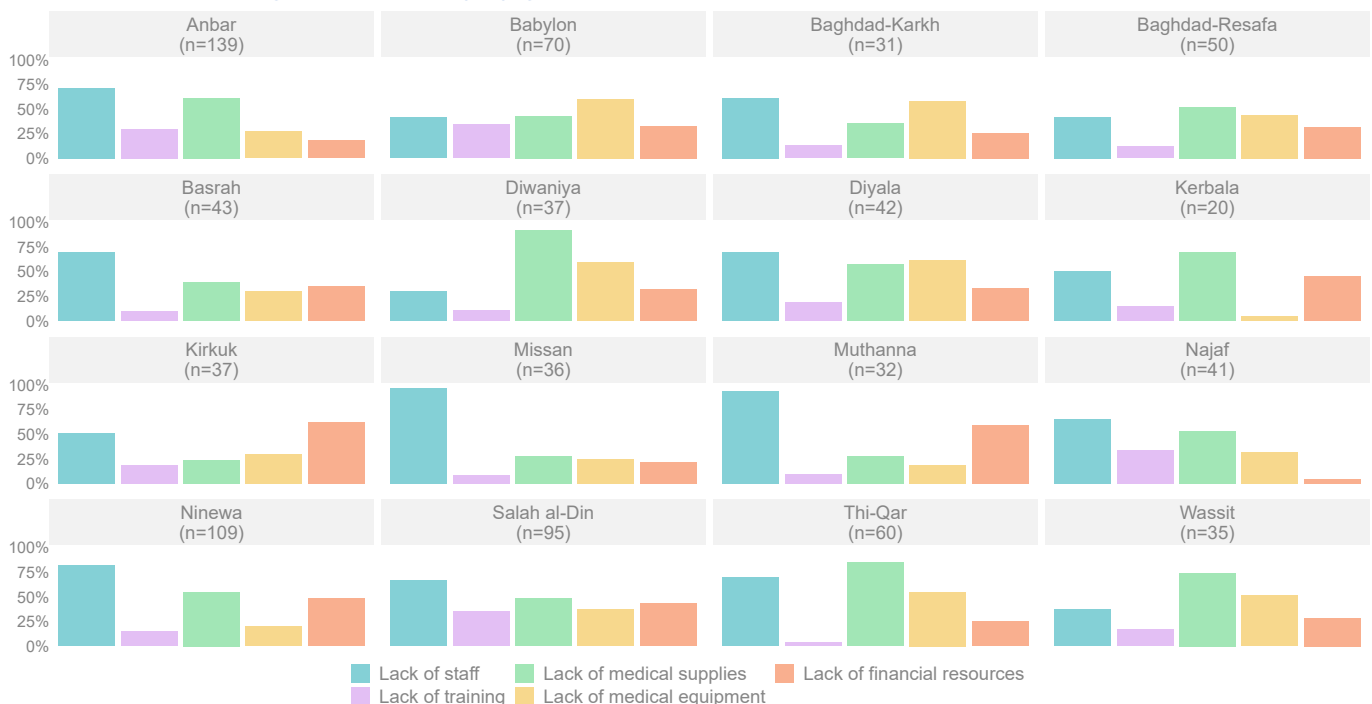
Main barriers impeding service delivery n = 877



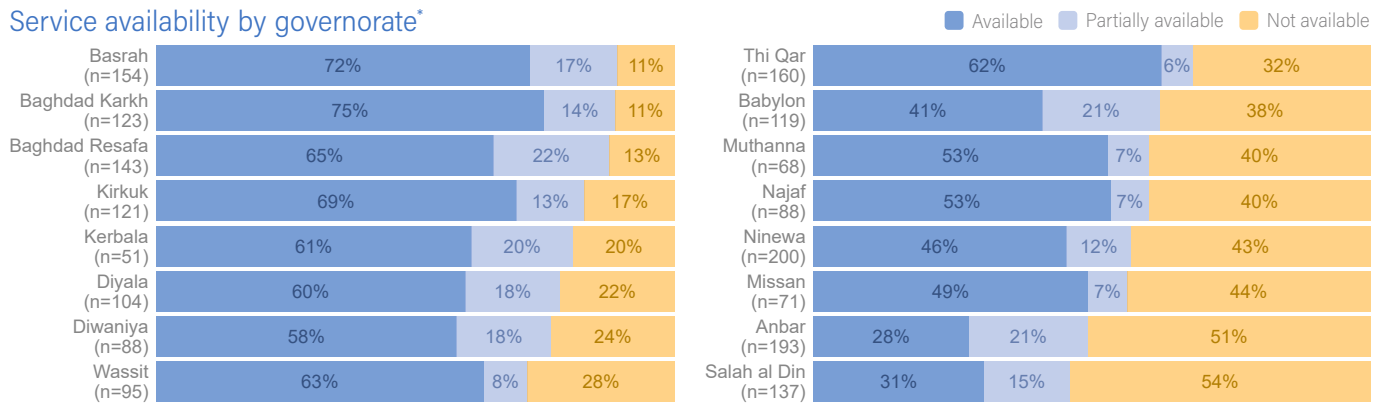
Service availability by type of HF



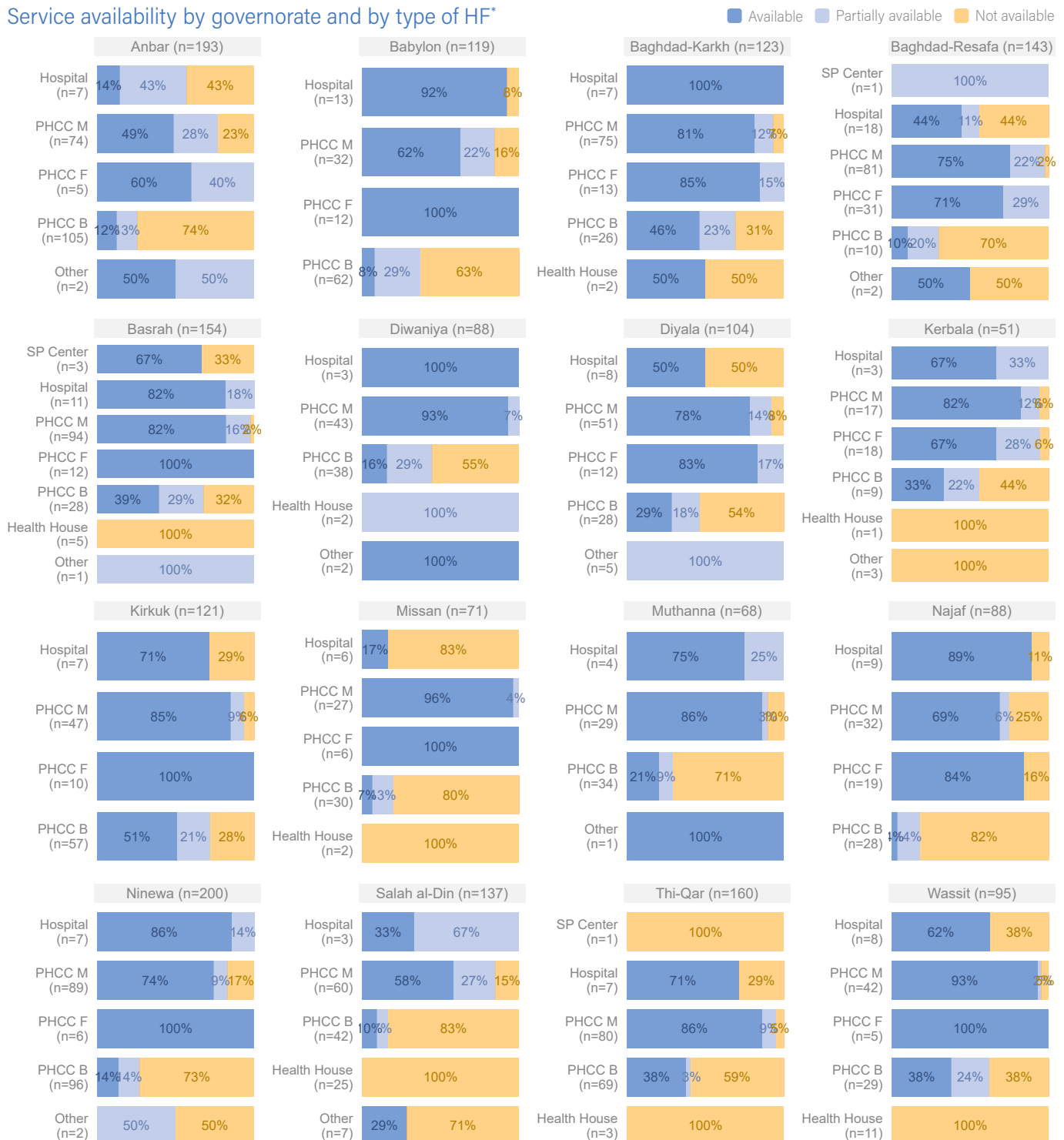
Main barriers impeding service delivery by governorate



Service availability by governorate*



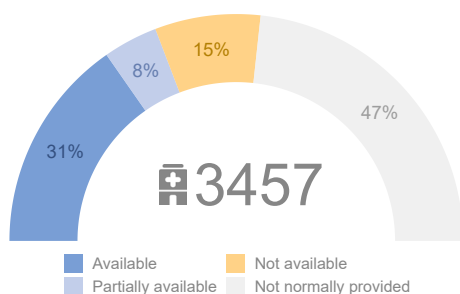
Service availability by governorate and by type of HF*



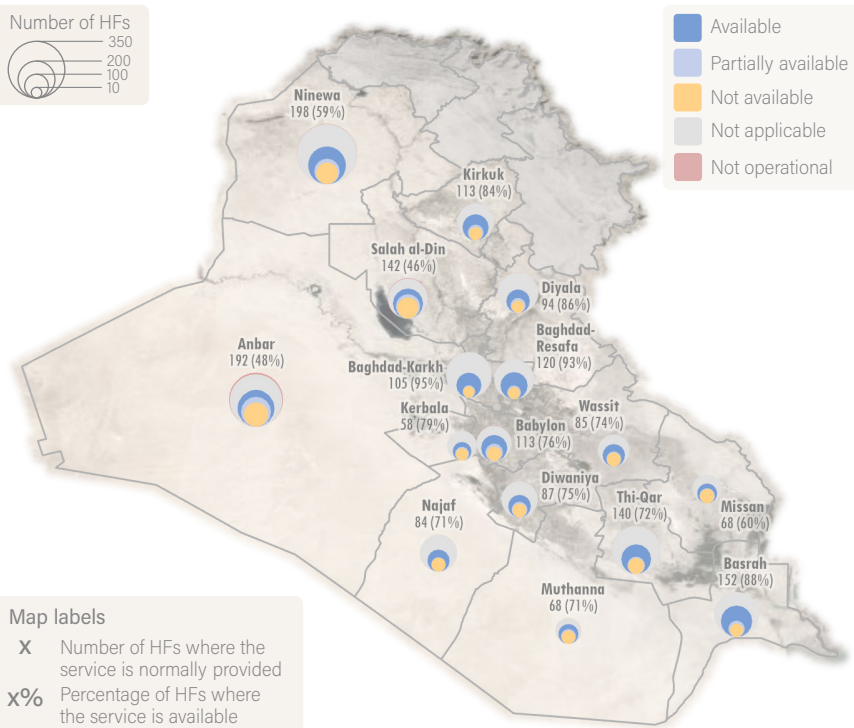
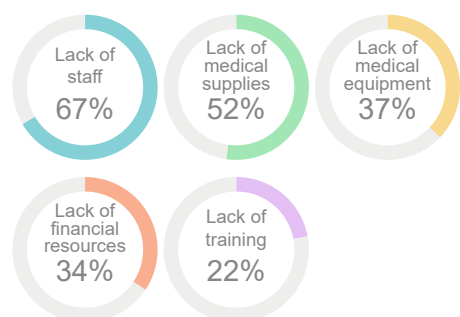
* Health facilities where the service availability is unknown or where the service is not normally provided are excluded.

GROWTH MONITORING AT PRIMARY CARE LEVEL

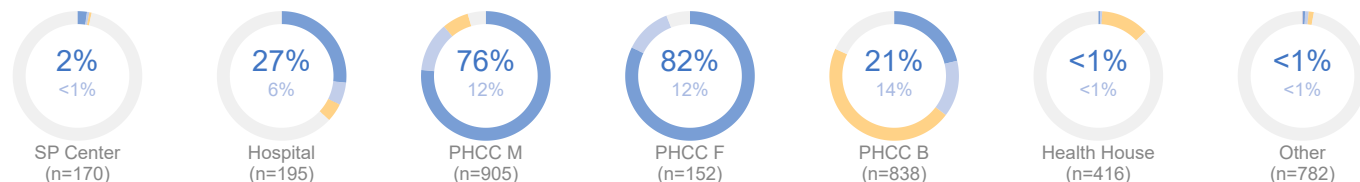
Overall service availability



Main barriers impeding service delivery n = 789



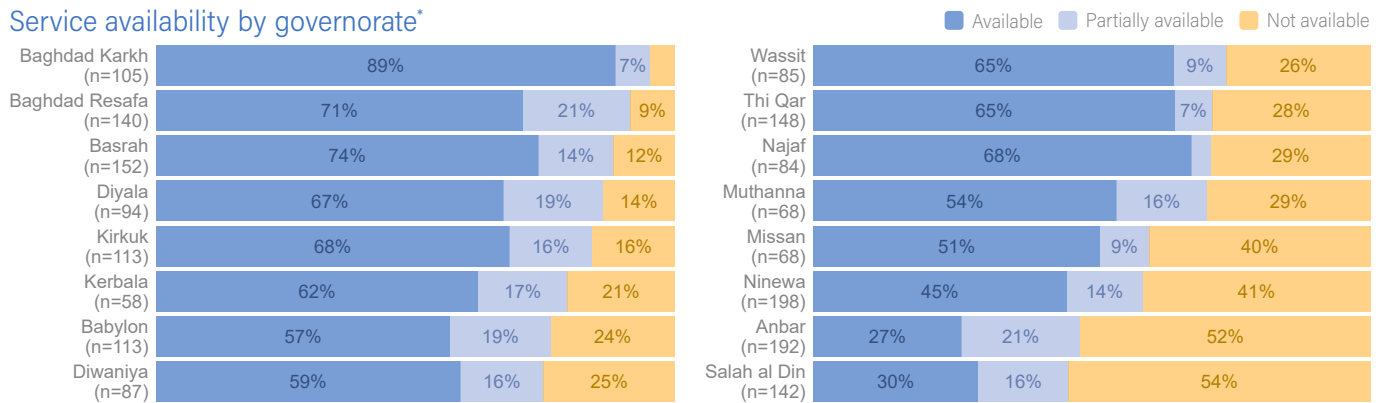
Service availability by type of HF



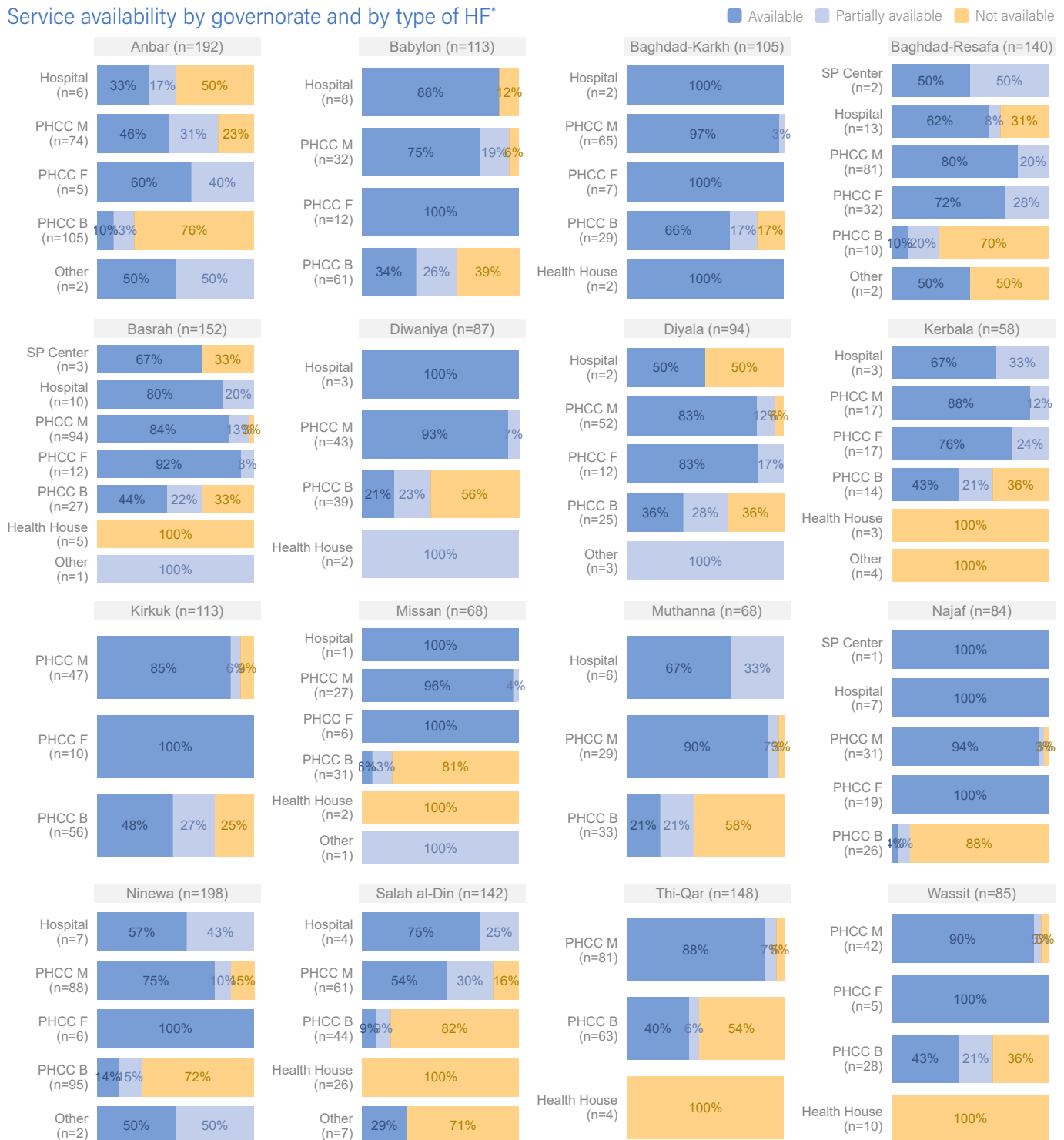
Main barriers impeding service delivery by governorate



Service availability by governorate*



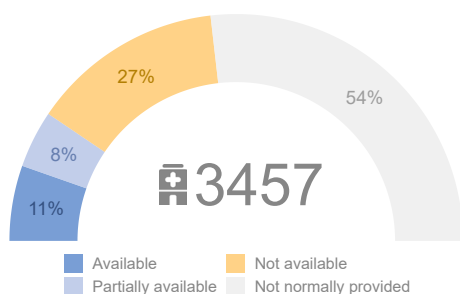
Service availability by governorate and by type of HF*



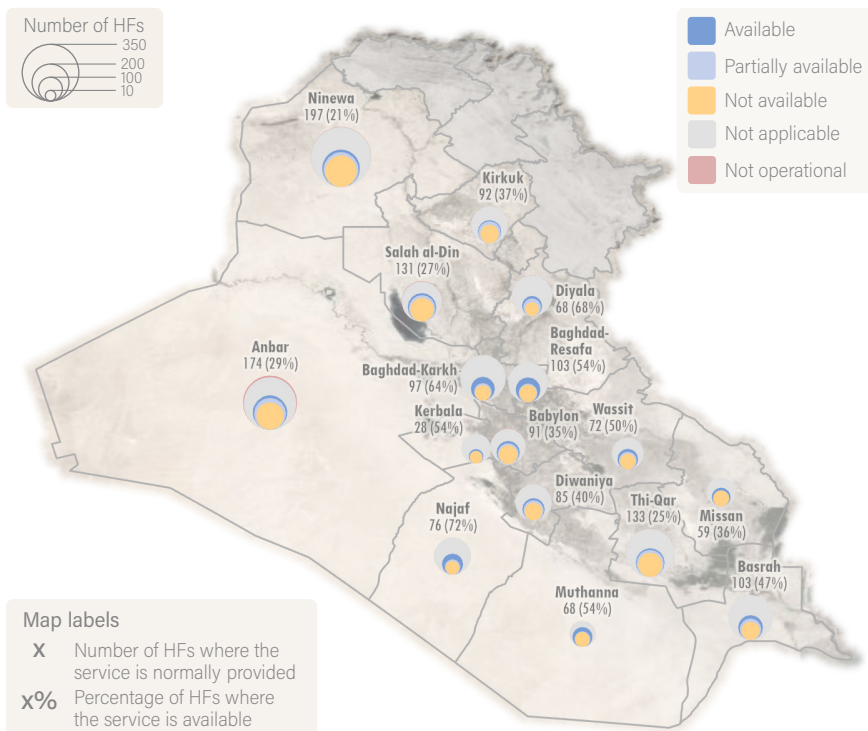
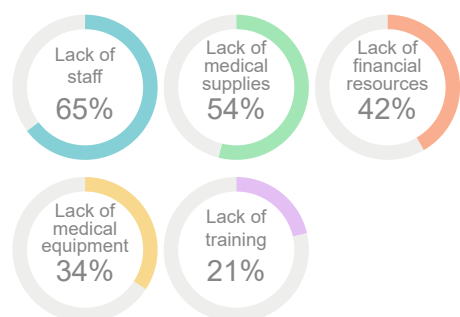
* Health facilities where the service availability is unknown or where the service is not normally provided are excluded.

CMAM

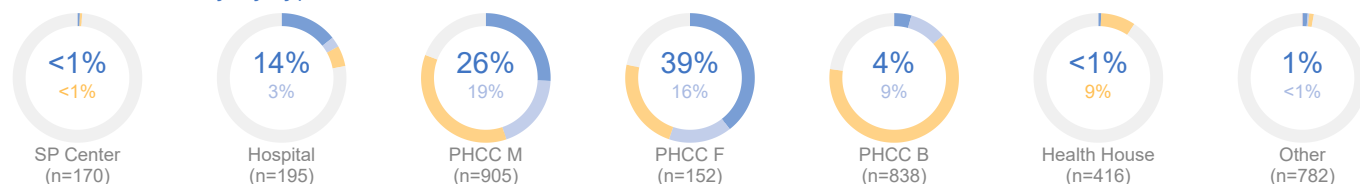
Overall service availability



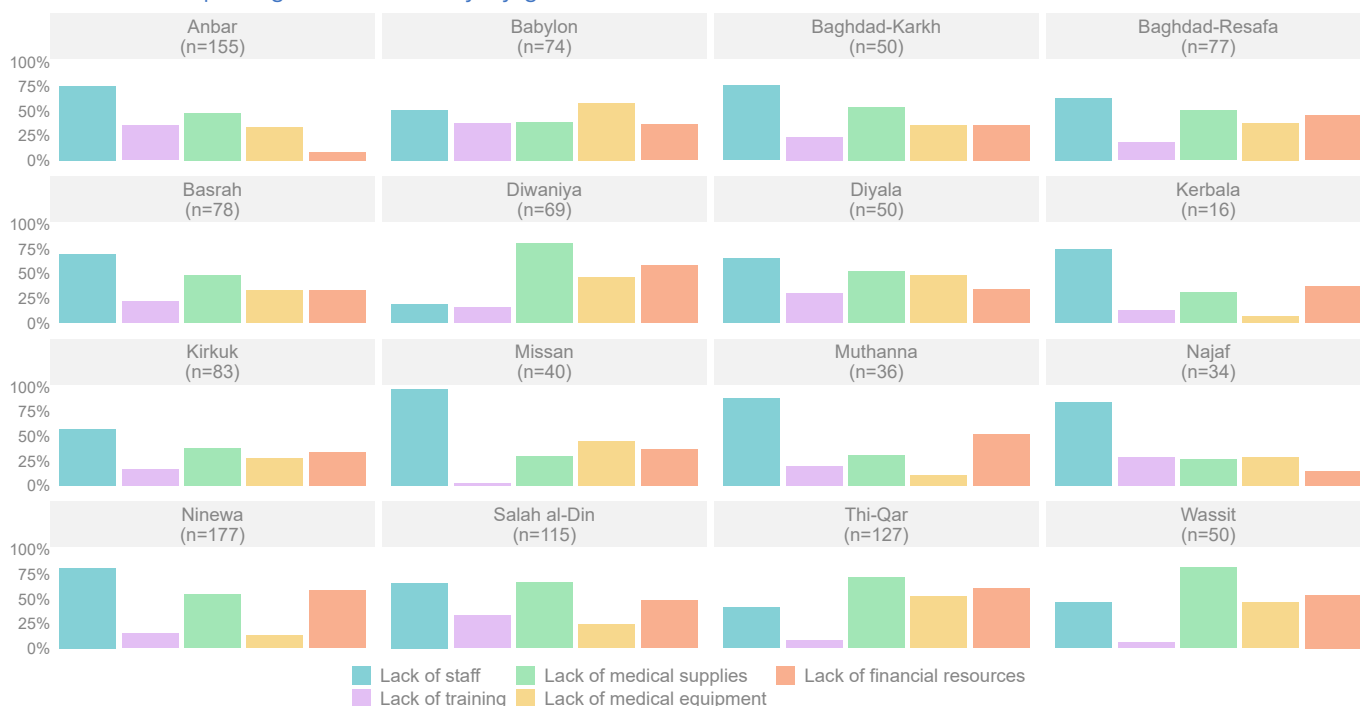
Main barriers impeding service delivery n = 1231



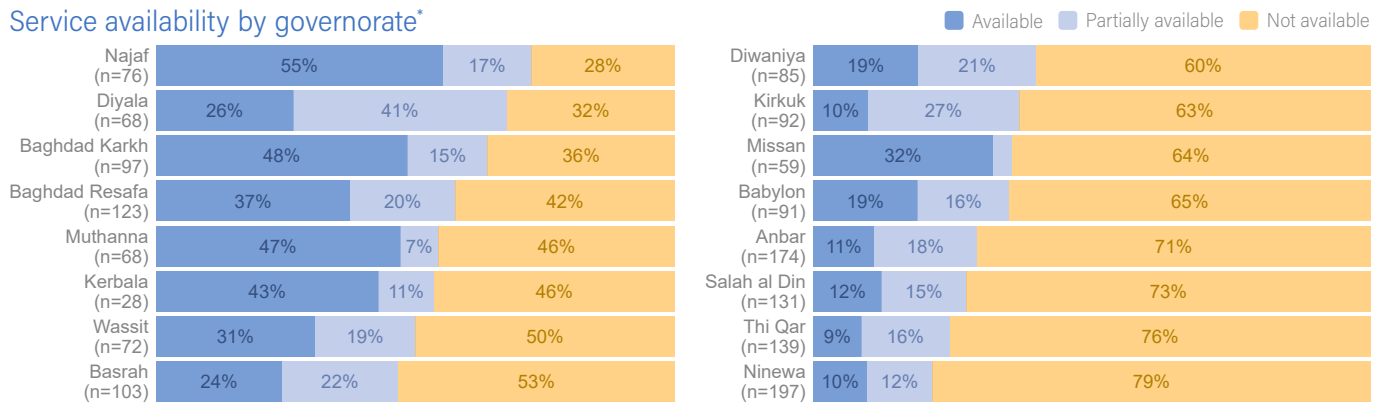
Service availability by type of HF



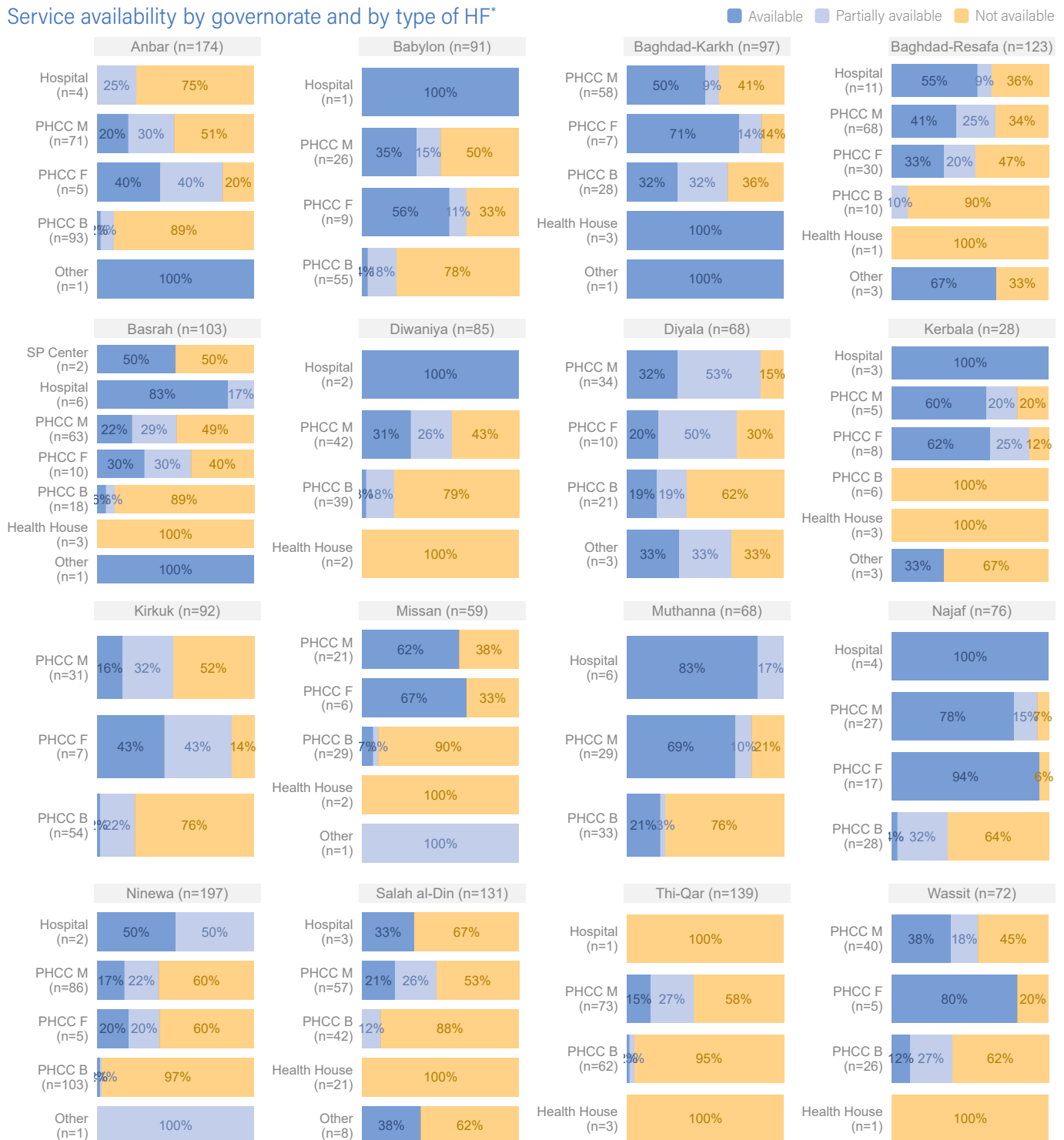
Main barriers impeding service delivery by governorate



Service availability by governorate*



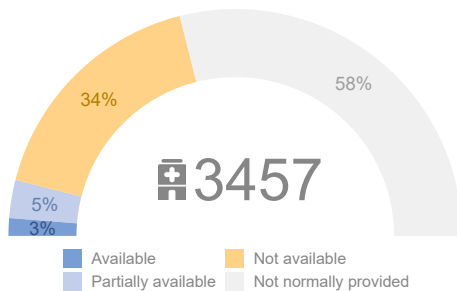
Service availability by governorate and by type of HF*



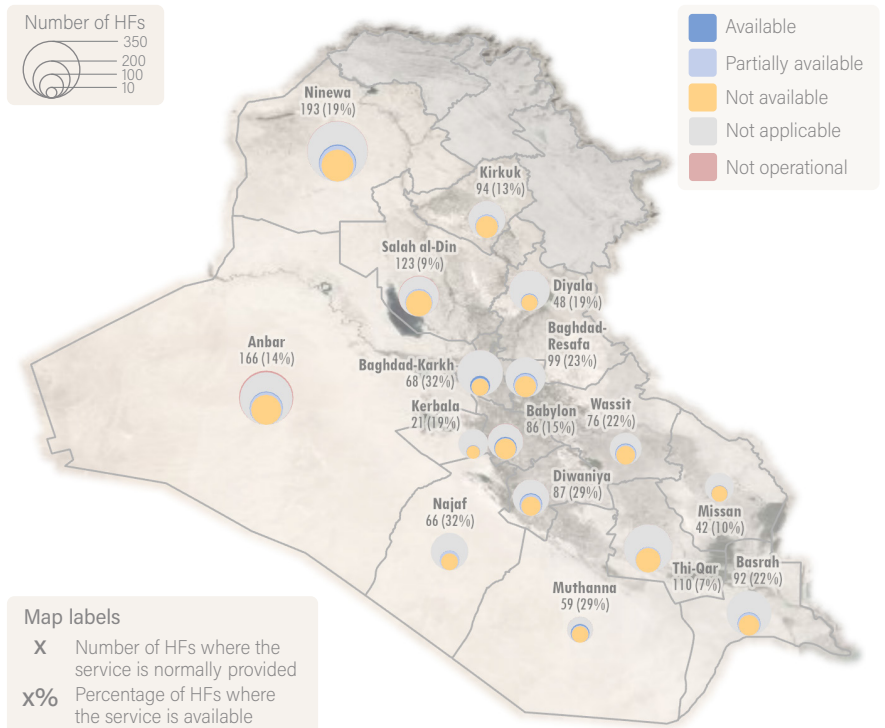
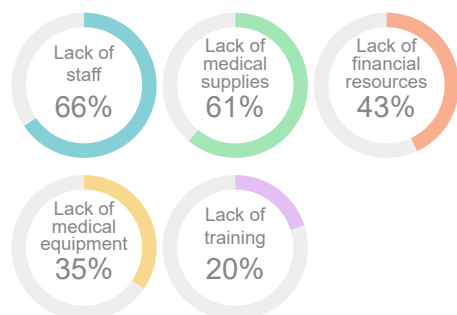
* Health facilities where the service availability is unknown or where the service is not normally provided are excluded.

IMAM

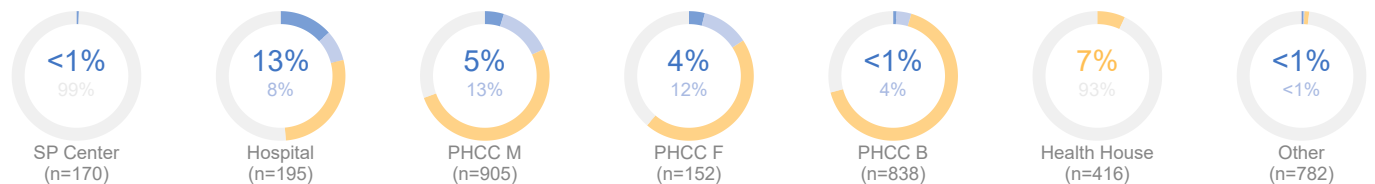
Overall service availability



Main barriers impeding service delivery n = 1369



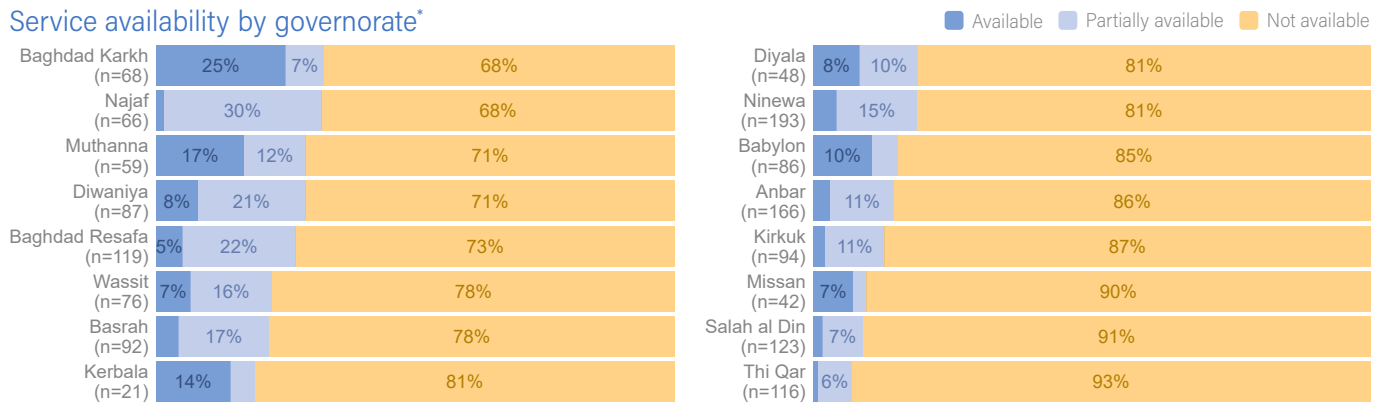
Service availability by type of HF



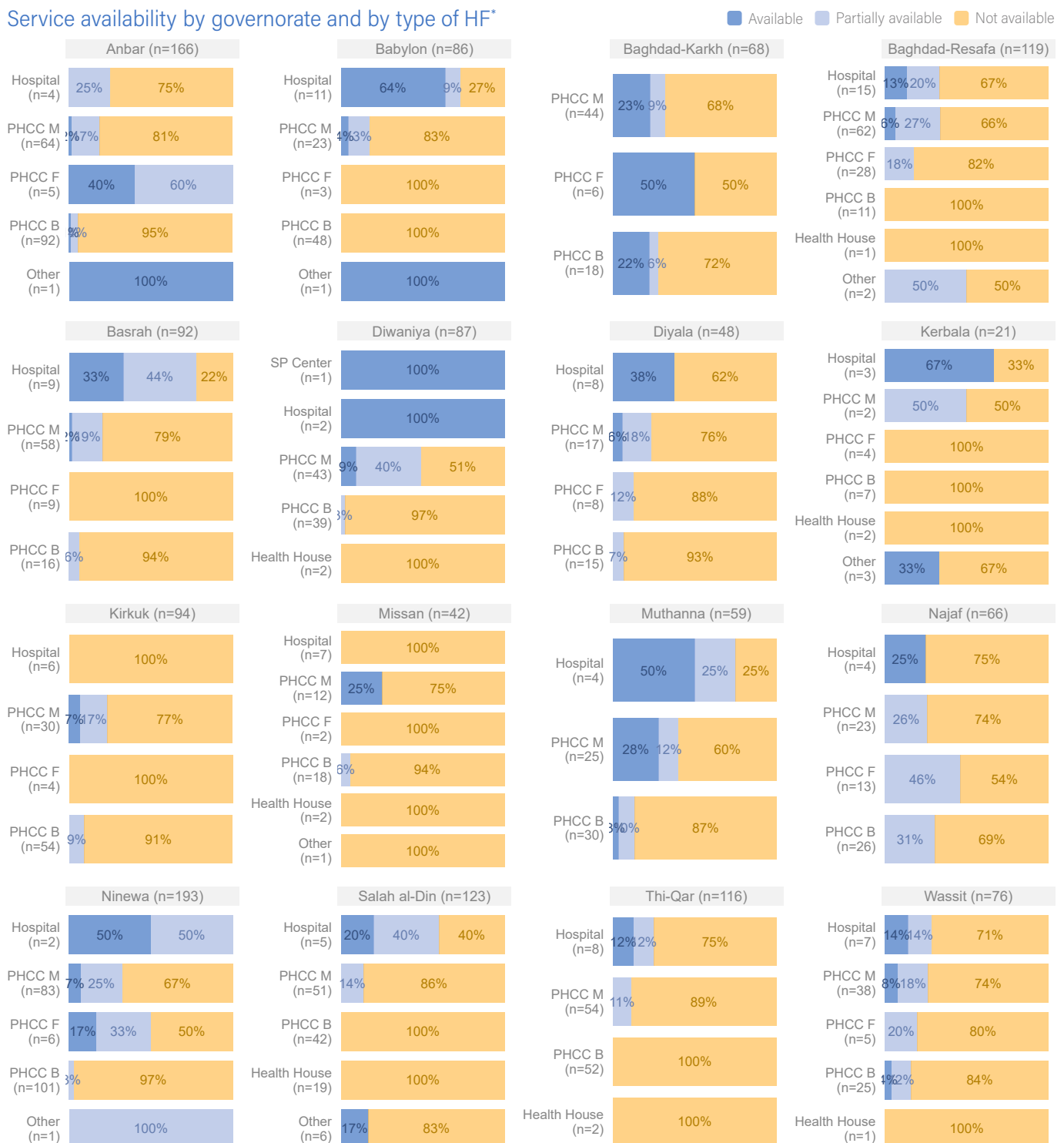
Main barriers impeding service delivery by governorate



Service availability by governorate*



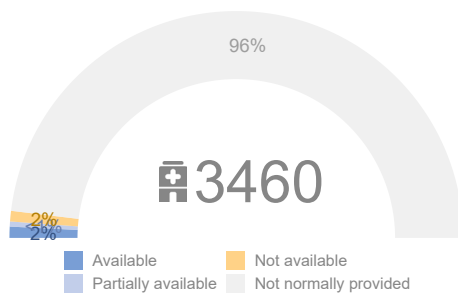
Service availability by governorate and by type of HF*



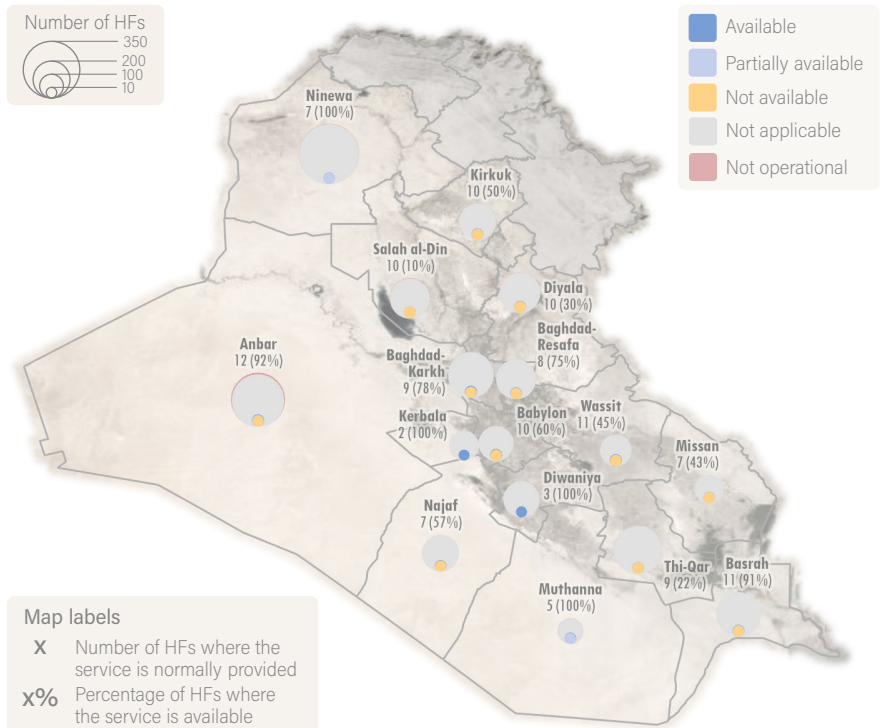
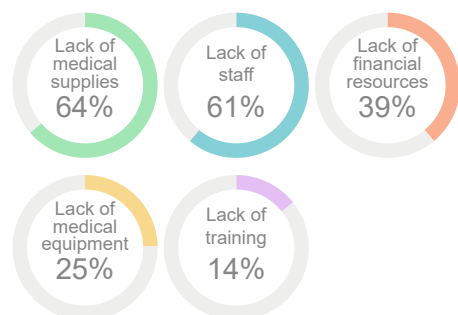
* Health facilities where the service availability is unknown or where the service is not normally provided are excluded.

STABILIZATION CENTER FOR SAM

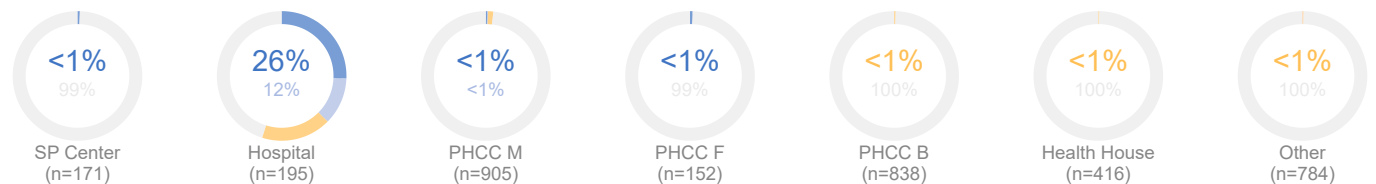
Overall service availability



Main barriers impeding service delivery n = 77



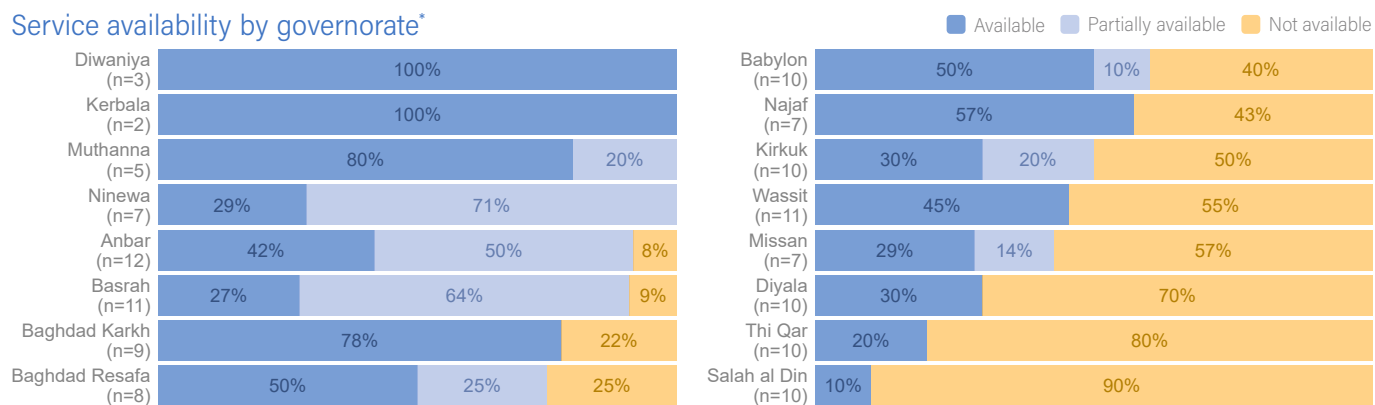
Service availability by type of HF



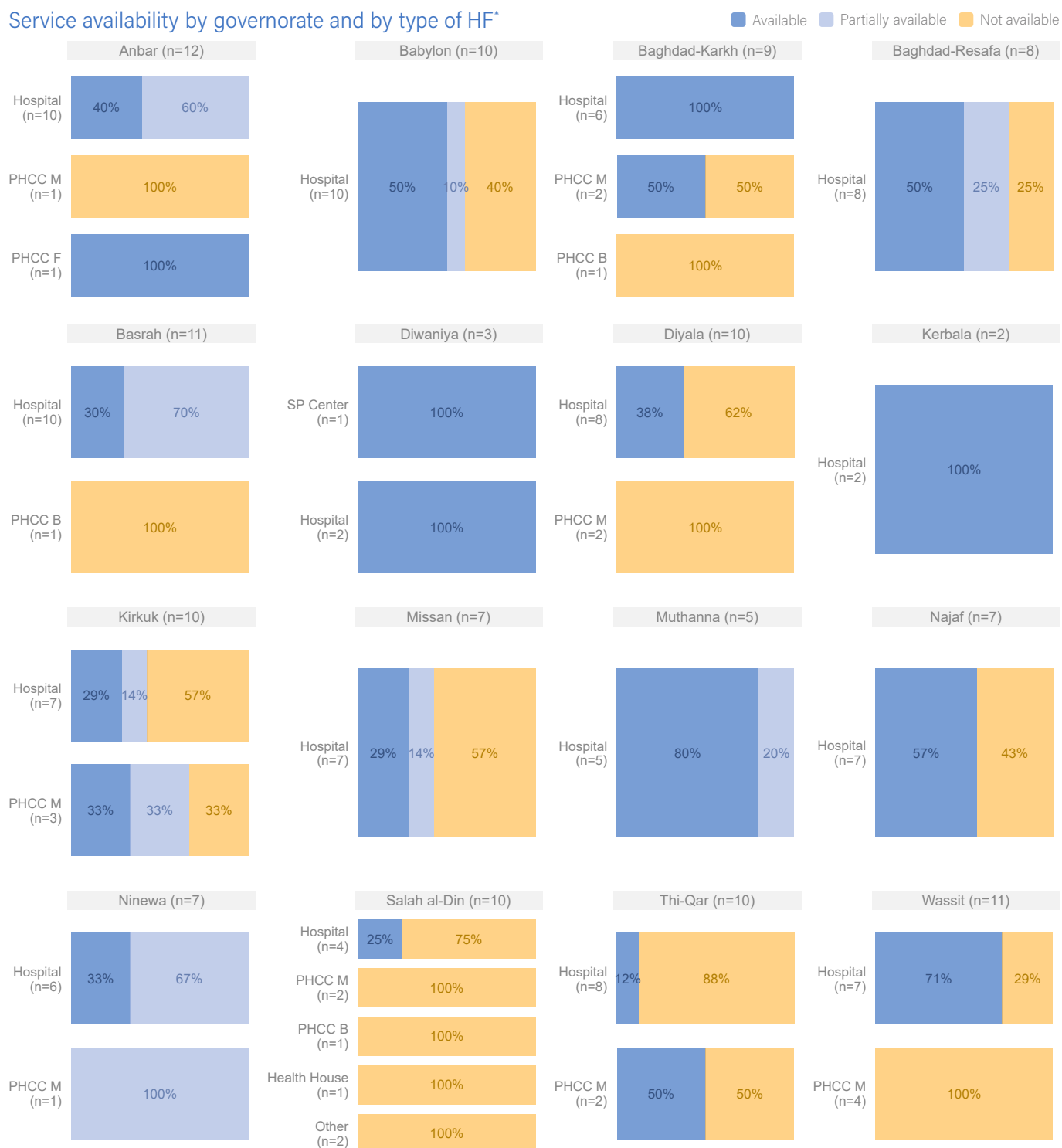
Main barriers impeding service delivery by governorate



Service availability by governorate*



Service availability by governorate and by type of HF*



* Health facilities where the service availability is unknown or where the service is not normally provided are excluded.

ANNEX



ANNEX I: HeRAMS SERVICE DEFINITIONS

SERVICE NAME	DEFINITION	SERVICE EXPECTED						
		SP Center	Hospital	PHCC M	PHCC F	PHCC B	Health House	Other*
COMMUNITY-BASED FIRST AID	Community-based first aid: Interventions include airway positioning, choking interventions, and basic external hemorrhage control			X				
COMMUNITY-BASED IMCI	Community-based IMCI (Integrated Management of Childhood Illness) for acute respiratory infection (ARI), diarrhoea, and malaria by trained and supervised village volunteers or community health workers (CHW)			X				
IMCI UNDER 5 CLINIC	IMCI under 5 clinic: Under-5 clinic conducted by IMCI-trained health staff with available paracetamol, first-line antibiotics, Oral rehydration salts (ORS) and zinc dispersible tablets, national IMCI guidelines, and flowcharts			X	X			X
MANAGEMENT OF CHILDREN CLASSIFIED AS SEVERE OR VERY SEVERE DISEASES	Management of children classified as severe or very severe diseases (parenteral fluids and drugs, oxygen)		X					
COMMUNITY MOBILIZATION FOR EPI	Community mobilization for EPI: Community mobilization and support of outreach sites of routine Expanded Programme for Immunization (EPI), and/or mass vaccination campaigns			X	X	X	X	X
EPI	EPI (Expanded Programme on Immunization): regular outreach site for routine immunization against all national target diseases or permanent site with functioning cold chain in place			X	X			X
IEC ON IYCF PRACTICES	IEC on IYCF practices: Information, education, and communications (IEC) of child caretaker, promotion of exclusive breastfeeding and Infant, Young, and Child Feeding (IYCF) practices, active case finding, and referral of sick children		X	X	X	X	X	X
SCREENING FOR ACUTE MALNUTRITION AT THE COMMUNITY LEVEL	Screening for acute malnutrition at the community level: using mid-upper arm circumference (MUAC)		X	X	X			X
GROWTH MONITORING AT PRIMARY CARE LEVEL	Growth monitoring at primary care level: Growth monitoring and/or screening of acute malnutrition (MUAC or weight-for-height (W/H))		X	X	X			X
CMAM	CMAM (Community Management of Acute Malnutrition): support community site for CMAM programme and/or follow-up of children enrolled in supplementary/therapeutic feeding			X	X			X
IMAM	IMAM: Integrated management of acute malnutrition with outpatient programme for severe acute malnutrition without medical complications with ready-to-use therapeutic foods available		X	X	X			X
STABILIZATION CENTER FOR SAM	Stabilization center for SAM (Severe Acute Malnutrition) with medical complications, availability of F75, F100, ready-to-use therapeutic foods, and dedicated trained team of doctors, nurses, and nurse aids, 24/7		X					

* Other includes: Blood Bank Center - Branch (1), Blood Bank Center - Main (15), Central Public Health Laboratory (14), Chest and Respiratory Diseases Unit (30), Division of the Department of Public Health (1), Emergency Center (3), Forensic Medicine Center (15), Health Sector (125), Health insurance (2), Immediate First Aid Center (52), Immunodeficiency Center (2), Institute (2), Mobile Clinic (36), Mobile Team (230), Public Health Clinic (326), Tuberculosis Unit (1).

ANNEX II: POPULATION ESTIMATES

GOVERNORATE	DISTRICT	POPULATION ESTIMATES
Anbar		1,963,346
	AL-KA'IM	154,190
	AL-KALDIA	153,768
	ALKARMA	174,683
	AMIRYA	168,819
	BAGHDADI	40,481
	FALLUJA	371,995
	HADITHA	127,617
	HEET	141,361
	RAMADI1	225,242
	RAMADI2	295,961
	RATBA	60,538
	RAWA-ANA	48,691
Babylon		2,288,456
	AL-MAHAWIL	247,692
	AL-MUSAYAB	399,383
	HASHIMIYA	571,533
	HILLA 1	491,357
	HILLA 2	428,659
	KOTHA	149,832
Baghdad-Karkh		3,815,810
	ABU GHRAIB	436,127
	ADEEL	271,415
	ALAAMEL	339,497
	ALEALAAM	430,167
	DORA	400,949
	KADHMIYA	760,512
	KARKH	355,912
	MAHMOUDIYA	387,193
	TAJEE	265,751
	TARMIA	168,287
Baghdad-Resafa		5,190,191
	ADHAMIYA	249,129
	AL ESTIQLAL	430,786
	AL RESAFA	238,749
	MADA'IN	352,933
	ALNHRWAN	347,743
	BAGHDAD ALJEDIDA	415,215
	BALADIAT 1	721,437
	BALADIAT 2	638,393
	SADDER CITY	1,188,554
	SHA'B	607,252

GOVERNORATE	DISTRICT	POPULATION ESTIMATES
Basrah		3,223,158
	ABU AL-KHASEEB	315,869
	AL HARTHA	299,754
	ALDER	145,042
	AL-MIDAINA	283,638
	AL-QURNA	196,613
	AL-ZUBAIR	654,301
	BASRAH1	338,432
	BASRAH2	425,457
	BASRAH3	354,547
	SHATT AL-ARAB	209,505
Diwaniya		1,430,714
	AFAQ	200,300
	AL-SHAMIYA	314,757
	DIWANIYA 1	271,835
	DIWANIYA 2	386,292
	HAMZA	257,530
Diyala		1,814,368
	AL-KHALIS	290,299
	AL-MANSURIYE	127,005
	AL-MUQDADIYA	248,568
	BALADROOZ	181,437
	BA'QUBA-FIRST	381,018
	BAQUBA-SECOND	333,844
	JALAWLAA	168,736
	KHANAQIN	83,461
Kerbala		1,350,577
	AL HUR	297,105
	AL-HINDIYA	310,645
	HUSAINYA	162,060
	KERBALA	580,767
Kirkuk		1,770,765
	AL DIBIS	136,350
	AL-HAWIGA1	180,450
	AL-HAWIGA2	182,650
	DAQUQ	169,600
	KIRKUK1	544,865
	KIRKUK2	556,850
Missan		1,233,053
	ALI AL-GHARBI	96,959
	AL-MEJAR AL-KABIR	279,699
	AMARA	664,468
	QAL'AT SALEH	191,927

GOVERNORATE	DISTRICT	POPULATION ESTIMATES
Muthanna		902,480
	AL-KHIDHIR	135,372
	AL-RUMAITHA	247,280
	AL-SAMAWA 1	182,300
	AL-SAMAWA 2	187,728
	WARKA	149,800
Najaf		1,630,807
	ABBASIA	139,584
	AL-MANATHERA	139,063
	KUFA	314,418
	MISHKAB	154,152
	NORTH NAJAF	547,194
	SOUTH NAJAF	336,396
Ninewa		4,133,536
	AL-BA'AJ	101,705
	AL-HAMDANIYA	232,063
	AL-SHIKHAN	50,479
	AYMEN	959,419
	AYSER	1,075,782
	GAYARA	396,968
	HATRA	77,682
	MAKHMUR	123,247
	SINJAR	220,565
	TELAFAR	572,431
	TILKAIF	323,195
Salah al-Din		1,767,837
	AL-ALAM	118,262
	AL-DAUR	61,770
	ALDHULLOIA	101,613
	AL-SHIRQAT	264,130
	BAIJI	129,310
	BALAD	186,781
	DIJEL	152,487
	SAMARRA	300,379
	TIKRIT	265,125
	TOOZ	187,980

GOVERNORATE	DISTRICT	POPULATION ESTIMATES
Thi-Qar		2,321,851
	AL-DAWAYA	104,640
	AL FAJER	70,260
	KARMAT BENI SAED	95,172
	AL-NASER	117,600
	AL-CHIBAYISH	120,600
	AL-ESLAH	49,951
	ALGHIRAF	144,540
	AL-RIFA'I	179,400
	AL-SHATRA	278,088
	NASSRIYA1	256,632
	NASSRIYA2	464,940
	QALAT SEKKAR	113,112
	SAADDAKHYL	54,816
	SUQ AL-SHOYOKH	272,100
Wassit		1,527,911
	AL-HAI	193,128
	AL-NA'MANIYA	178,155
	AL-SUWAIRA	264,634
	AZIZYIA	255,620
	KUT1	328,806
	KUT2	307,568
Total		42,248,883

