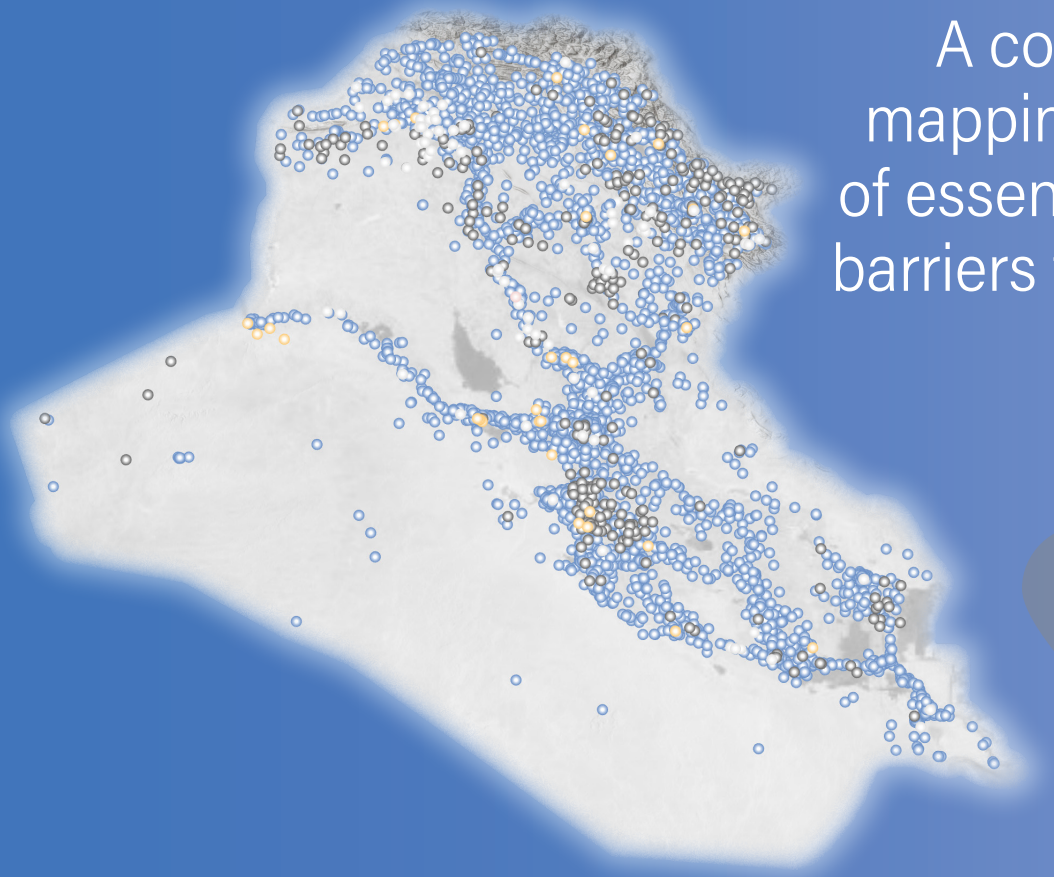
HeRAMS Iraq Baseline Report 2023 Part 2

Child health and nutrition services



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

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HeRAMS Iraq
Baseline Report 2023
Part 2

Child health and nutrition services

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

World Health Organization

HeRAMS Health Resources and Services Availability Monitoring System

Ministry of Health Kurdistan Regional Government - Iraq

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Acronyms

CMAM	Community Management of Acute Malnutrition
EPI	Expanded Programme on Immunization
HeRAMS	Health Resources and Services Availability Monitoring System
IEC	Information, education, and communications
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 1286 health facilities across the governorates of Dahuk, Erbil, and Sulaymaniyah, against 1424 health facilities targeted. This report is complemented by a first part focusing on 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.[1]

This analysis was produced based on the data collected up to 25th April 2023 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 2 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 system[2] and should always be interpreted in conjunction with results presented in the first report. Additional reports are available covering essential clinical and trauma care services[3], communicable disease services[4], sexual and reproductive health services[5], and non-communicable disease and mental health services[6].

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 1 - 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-part1-child-health-and-nutrition-services.

[2] HeRAMS Iraq Baseline Report 2023 Part 2 - 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-part2-operational-status-of-the-health-system.

[3] HeRAMS Iraq Baseline Report 2023 Part 2 - 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-part2-general-clinical-and-trauma-care-services.

[4] HeRAMS Iraq Baseline Report 2023 Part 2 - 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-part2-communicable-disease-services.

[5] HeRAMS Iraq Baseline Report 2023 Part 2 - 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-part2-sexual-and-reproductive-health-services.

[6] HeRAMS Iraq Baseline Report 2023 Part 2 - 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-part2-ncd-and-mental-health-services.

Part I:

Availability of child health and nutrition services

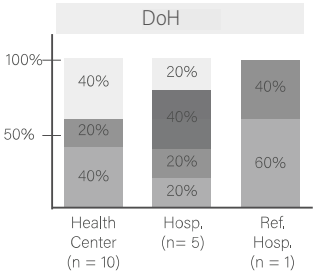
How to read the charts

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 2023** series.

Bar chart

Overall availability of general clinical and trauma care services is shown disaggregated by Directorate of Health (DoH) 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)

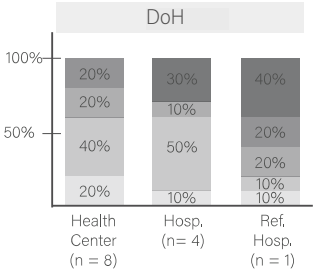
A more detailed overview of availability of individual services is shown as heat maps. Each cell indicates the number of health facilities providing a given service in relation to the catchment population. It should be noted that different catchment areas were used for referral and specialized health 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

V

Bar chart



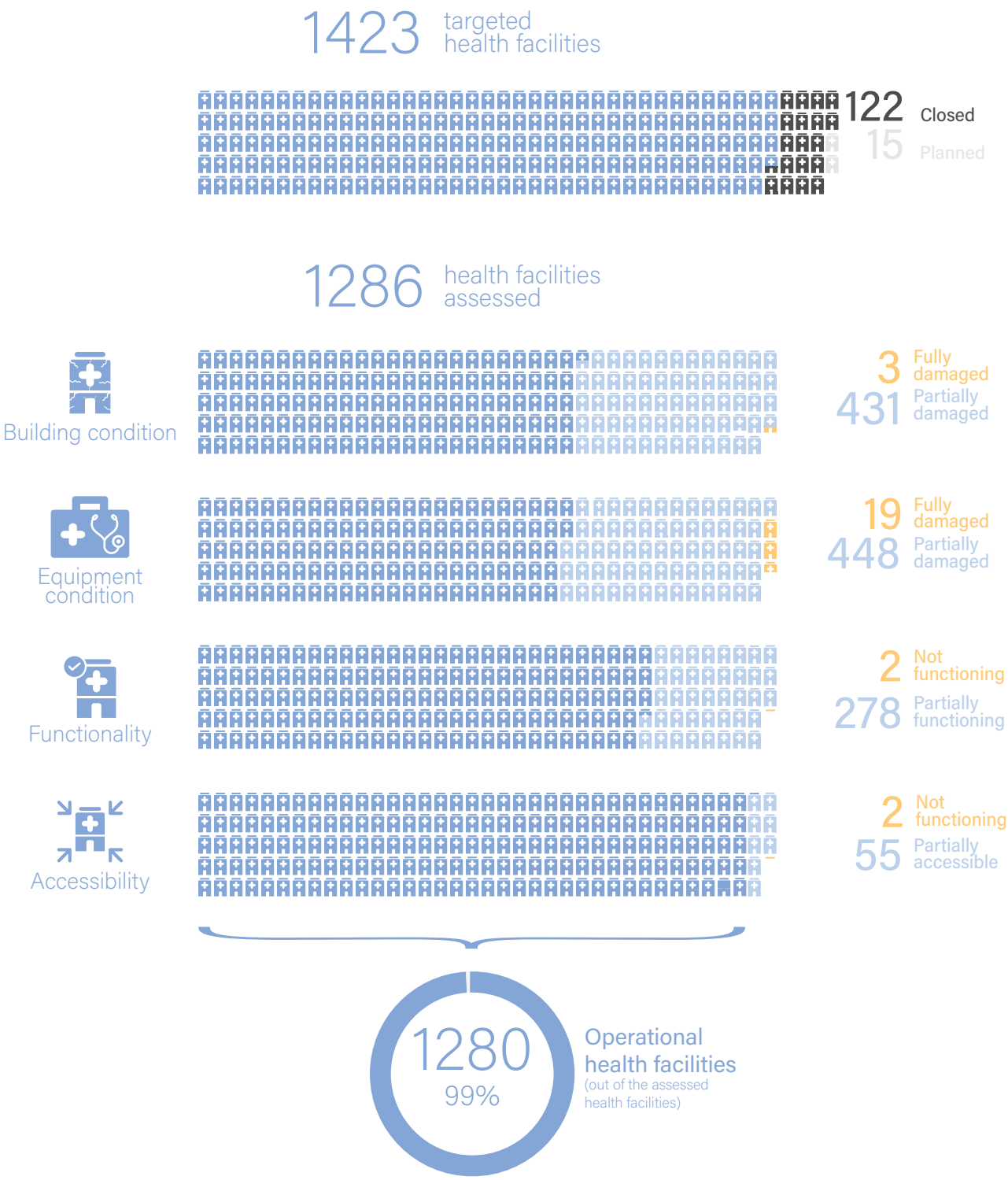
For services not or only partially available, main barriers impeding service delivery are displayed as percentage of all barriers reported. Alike for service availability, bar charts display main barriers disaggregated by health facility type and DoH. For each health facility type, the total number of 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.

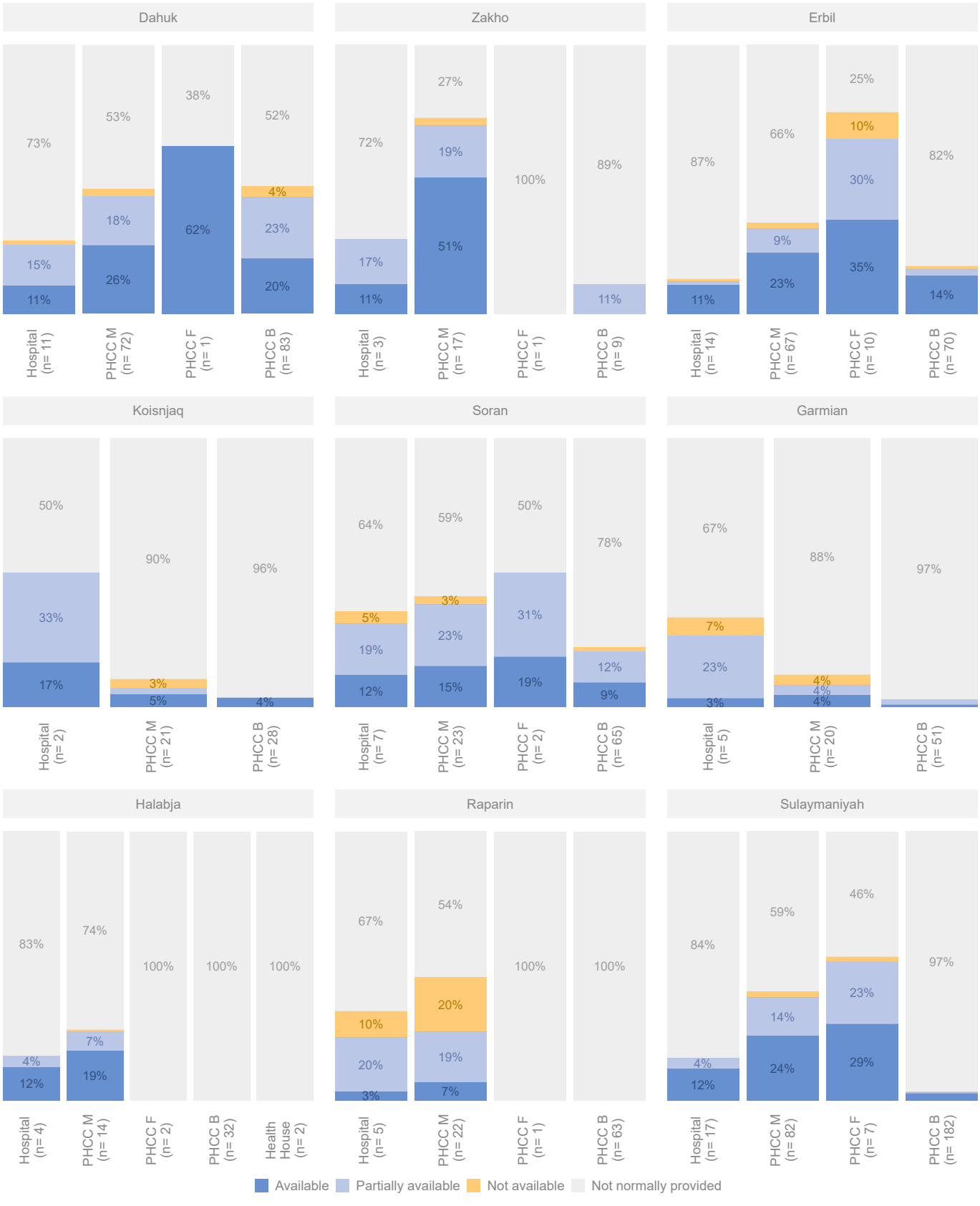
Overview of health facilities assessed

Summary of health facilities assessed



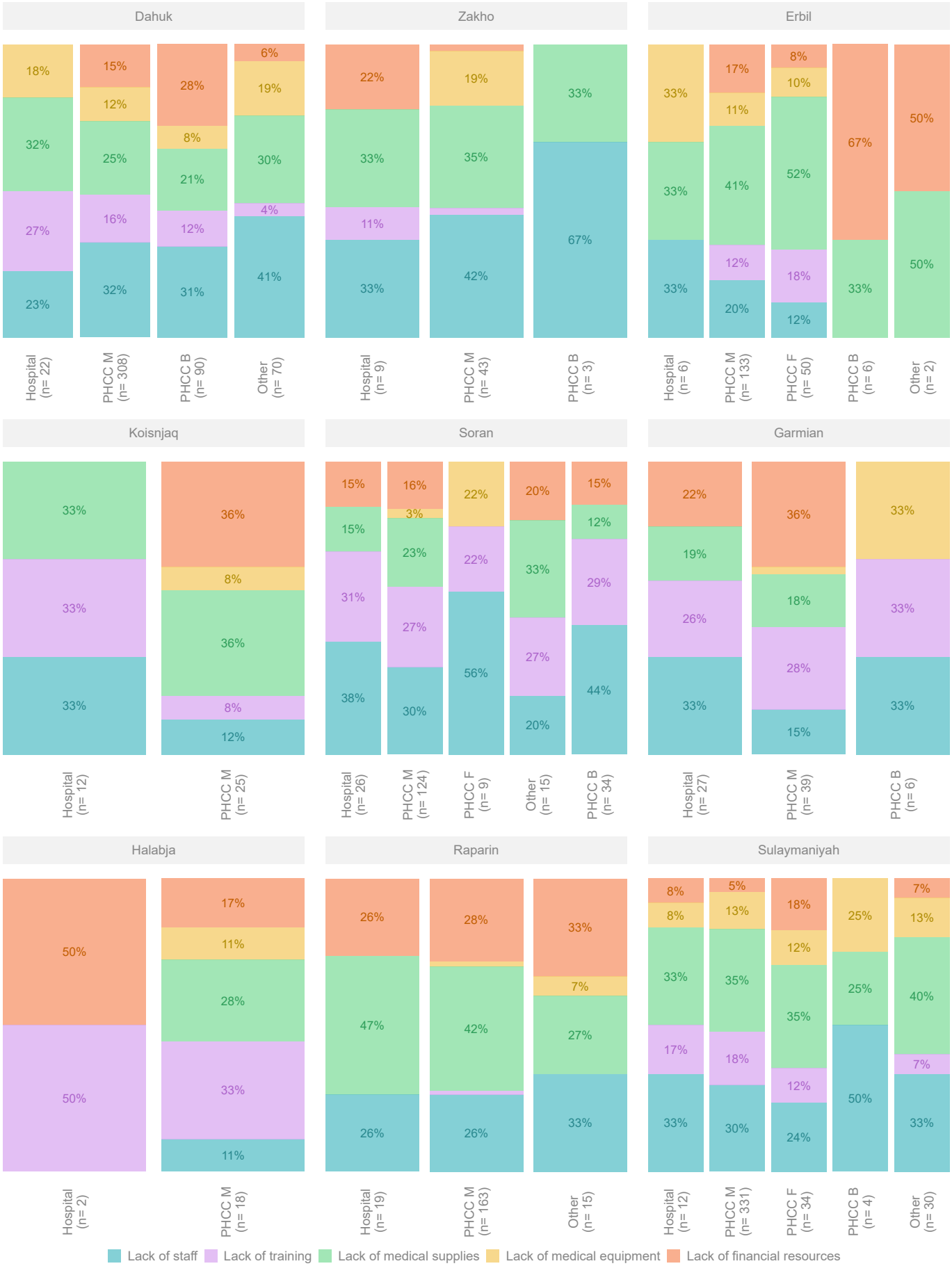
SERVICE AVAILABILITY AND MAIN BARRIERS BY HEALTH FACILITY TYPE

Availability of essential services by DoH and health facility type[6]



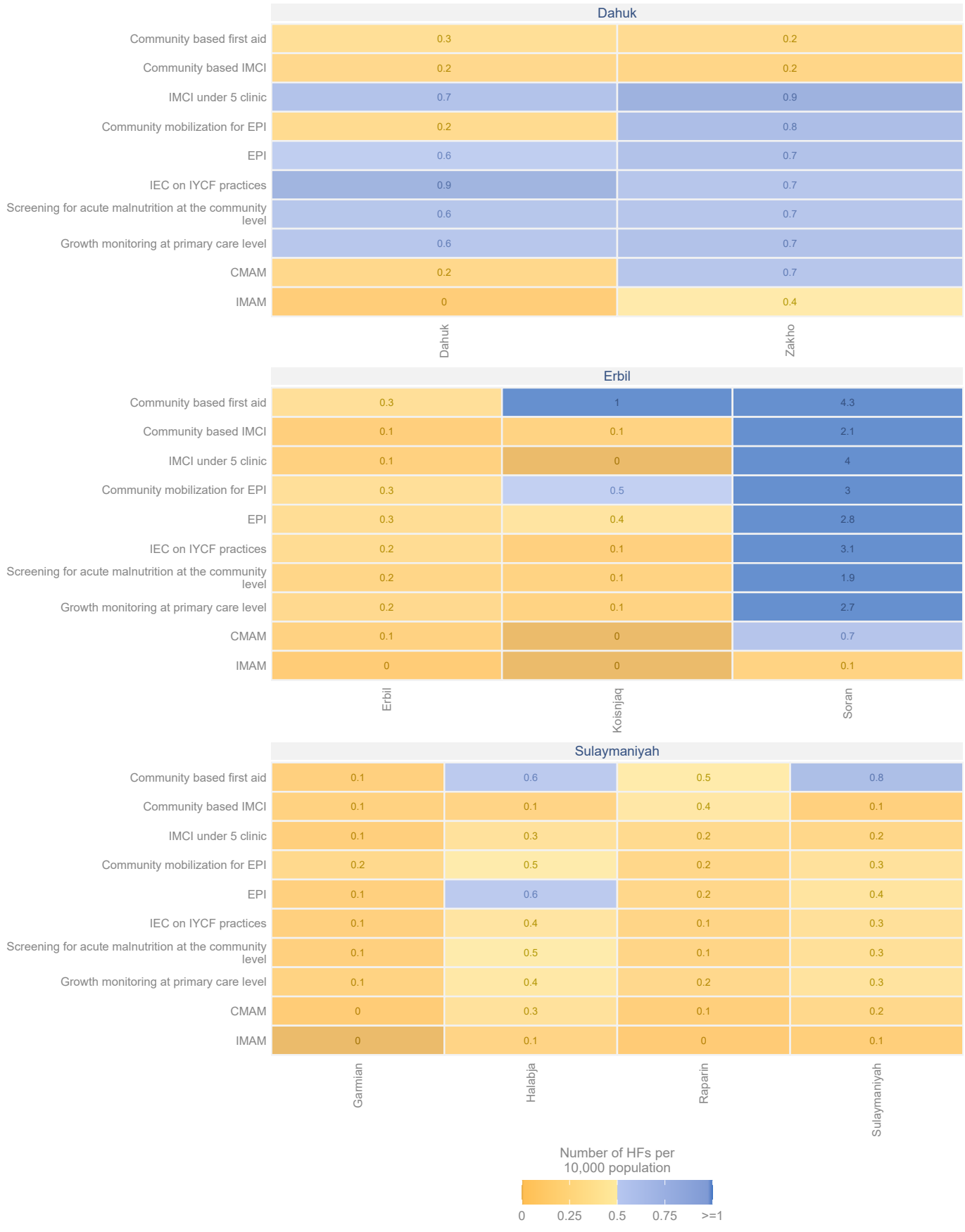
[6] Number of services included may vary from one health facility type to another. The "Other" HF type has been excluded as it includes very different and specialized HFs. See Annex I for a full description of the services included for each health facility type..

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



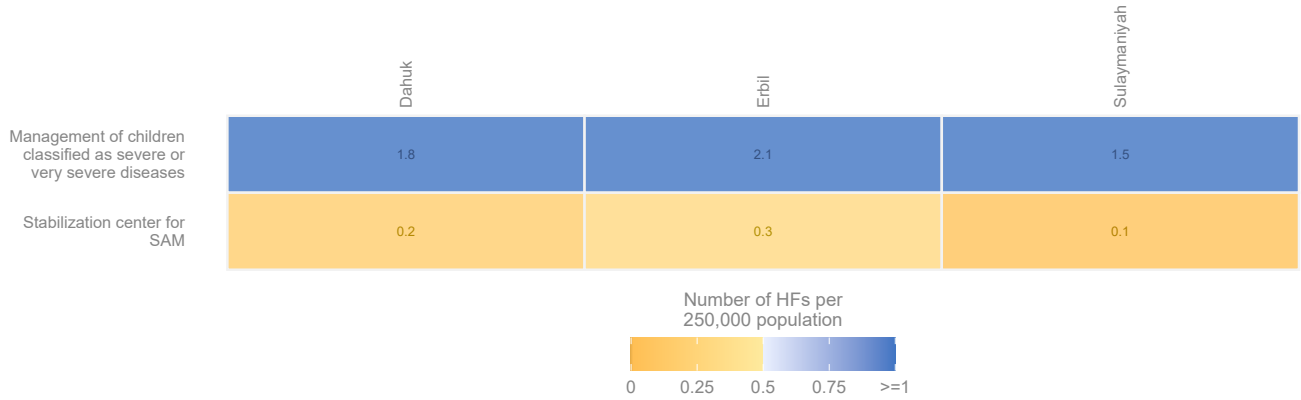
SERVICE AVAILABILITY BY CATCHMENT POPULATION

Number of health facilities providing essential community and primary services per 10,000 population[7]



[7] See annex II for population estimates.

Number of health facilities providing specialized services per 250,000 population[8]



MAIN BARRIERS IMPEDING SERVICE DELIVERY

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

	Dahuk					Erbil					Sulaymaniyah				
Community-based first aid	35 64%	15 27%	37 67%	15 27%	9 16%	56 67%	24 29%	70 83%	11 13%	12 14%	178 85%	110 52%	189 90%	47 22%	14 7%
Community-based IMCI	17 68%	6 24%	13 52%	8 32%	3 12%	26 63%	8 20%	35 85%	4 10%	12 29%	44 79%	11 20%	55 98%	7 12%	9 16%
IMCI under 5 clinic	49 72%	16 24%	55 81%	12 18%	9 13%	31 58%	30 57%	36 68%	4 8%	10 19%	41 76%	18 33%	51 94%	6 11%	11 20%
Community mobilization for EPI	16 80%	10 50%	13 65%	5 25%	3 15%	17 71%	12 50%	9 38%		9 38%	17 77%	5 23%	13 59%	9 41%	7 32%
EPI	28 90%	12 39%	16 52%	5 16%	7 23%	17 81%	12 57%	7 33%	2 10%	7 33%	13 65%		14 70%	5 25%	10 50%
IEC on IYCF practices	39 54%	15 21%	20 28%	9 12%	46 64%	22 55%	19 48%	15 38%	3 7%	14 35%	22 61%	11 31%	25 69%	7 19%	15 42%
Screening for acute malnutrition at the community level	47 72%	19 29%	39 60%	13 20%	16 25%	12 38%	9 28%	22 69%	8 25%	12 38%	18 51%	10 29%	28 80%	10 29%	13 37%
Growth monitoring at primary care level	41 72%	10 18%	34 60%	18 32%	12 21%	24 49%	23 47%	24 49%	9 18%	14 29%	23 52%	14 32%	29 66%	11 25%	15 34%
CMAM	13 76%	4 24%	7 41%	6 35%	2 12%	8 30%	8 30%	21 78%	3 11%	11 41%	21 58%	10 28%	26 72%	8 22%	14 39%
IMAM	6 40%	4 27%	9 60%	1 7%	3 20%	5 29%	2 12%	17 100%	1 6%	7 41%	13 50%	6 23%	20 77%	10 38%	9 35%

% 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 specialized services by governorate

	Dahuk				Erbil					Sulaymaniyah				
Management of children classified as severe or very severe diseases	1 100%	1 100%	1 100%		4 67%	5 83%	1 17%	2 33%	1 17%	9 75%	10 83%	3 25%	6 50%	4 33%
Stabilization center for SAM		2 100%		1 50%	2 33%	6 100%		1 17%	3 50%	3 75%	3 75%	1 25%	1 25%	2 50%

% 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

[8] See annex II for population estimates.

Part II:

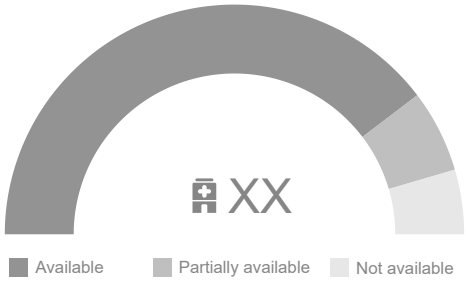
In-depth analysis by health service

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 DoH and or type of health facility.

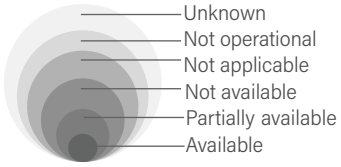
Column charts

Column charts display the status of an indicator by DoH. The number of health facilities in a DoH is shown below the DoH'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 DoH 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 DoH. 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 DoH 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 be 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:

DoH name
X / X%

Reasons of unavailability

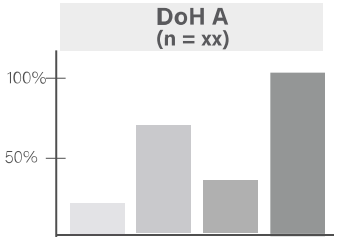
If an indicator was not or only partially available, main reasons of unavailability (i.e. causes of damage, reasons for non-functionality, etc.) were collected. Similarly, indicators assessing availability and sufficiency of basic amenities may have a sub-question gathering additional information on 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 reasons is shown below the chart header.

Bar charts

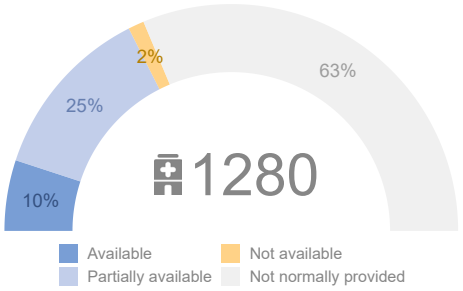
Bar charts depicting reasons follow the same logic as donut charts and exclude health facilities where the indicator was fully available. The number of health facilities reporting at least one reason is displayed below the DoH's name.



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%.

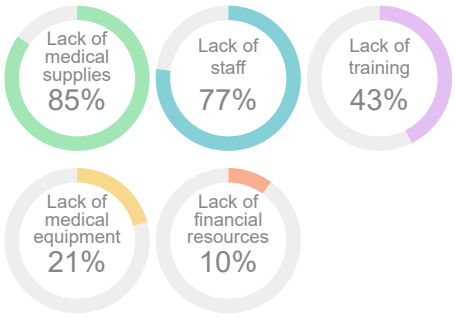
COMMUNITY-BASED FIRST AID

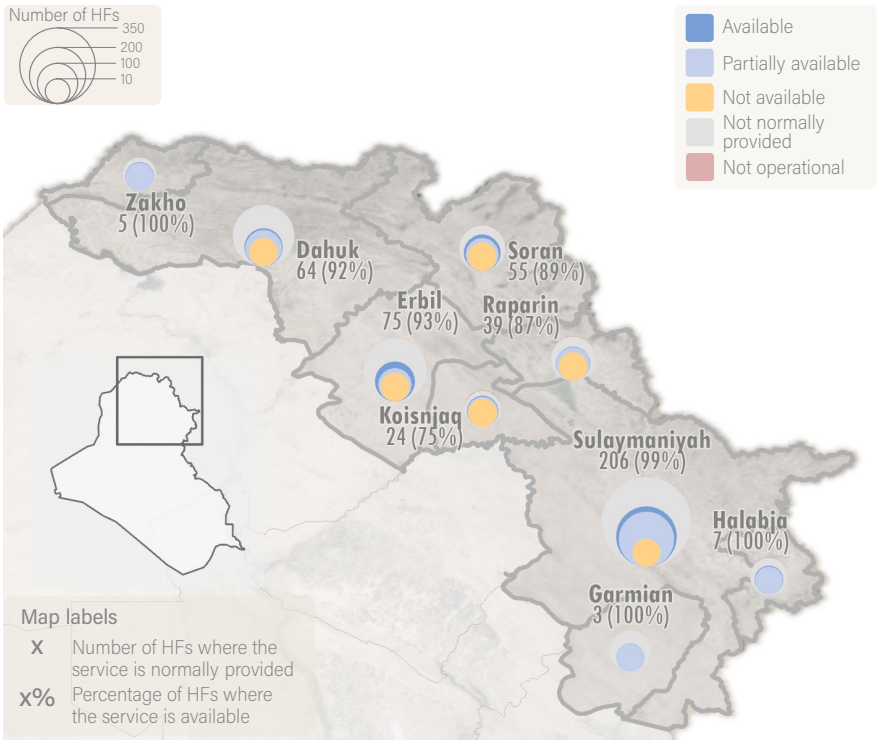
Overall service availability



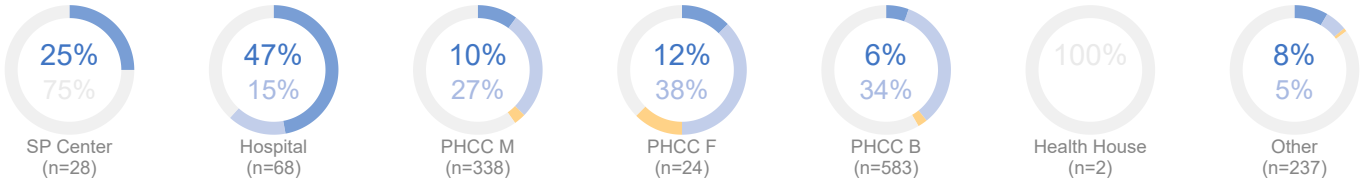
Main barriers impeding service delivery

n = 349



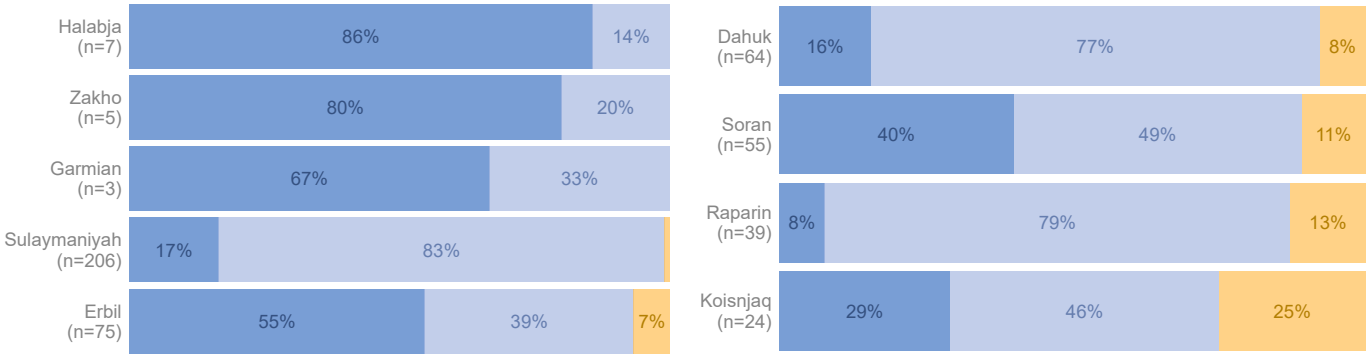


Service availability by type of HF

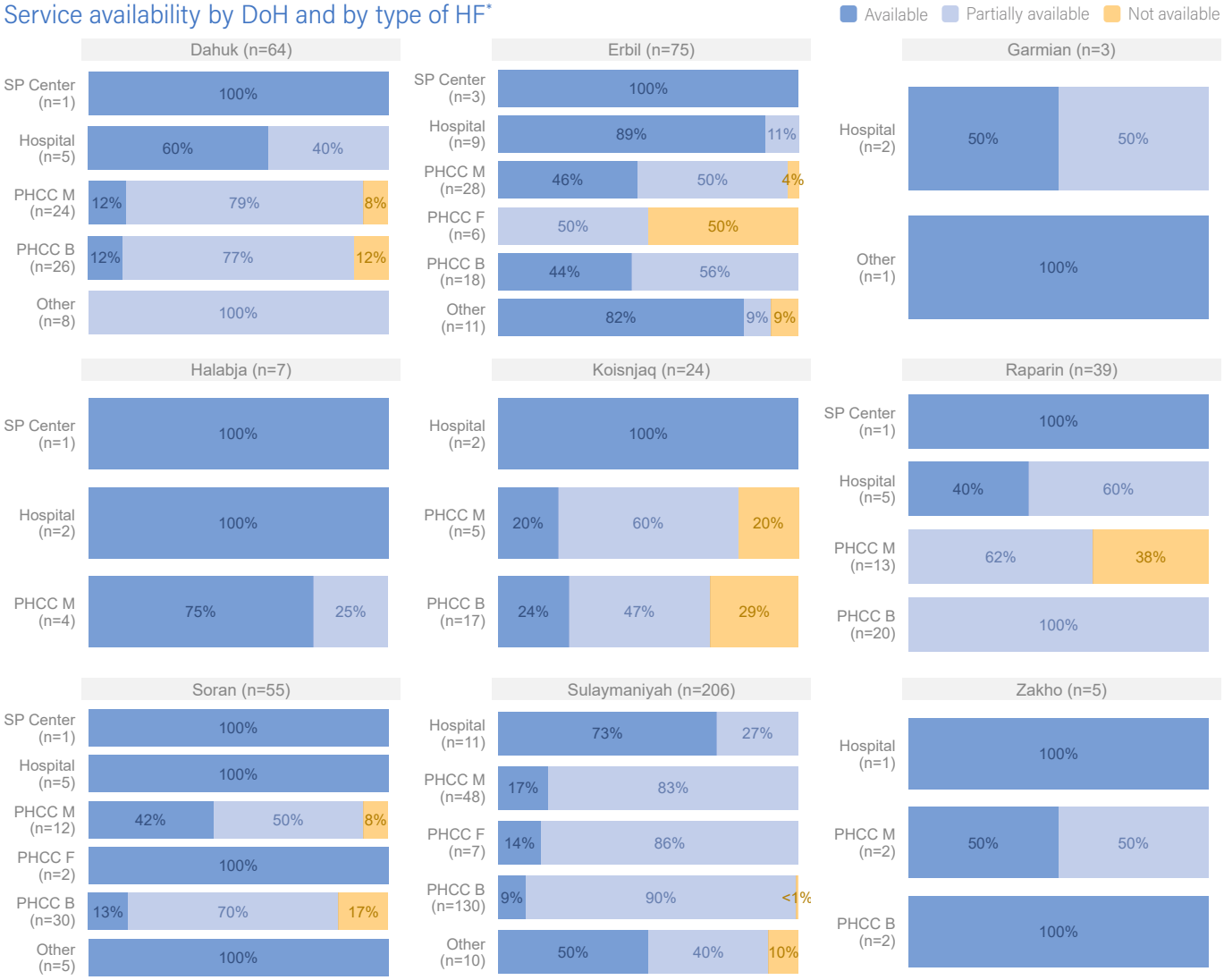


Main barriers impeding service delivery by DoH

Service availability by DoH*



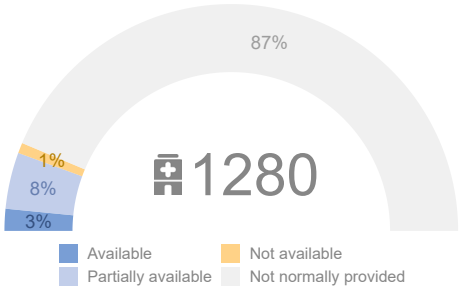
Service availability by DoH and by type of HF*



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

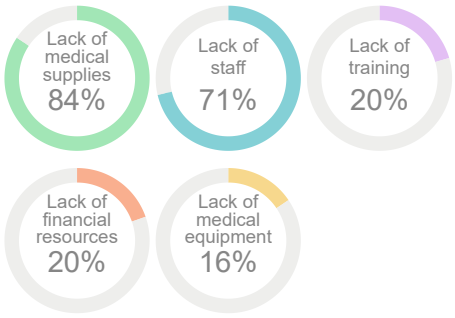
COMMUNITY-BASED IMCI

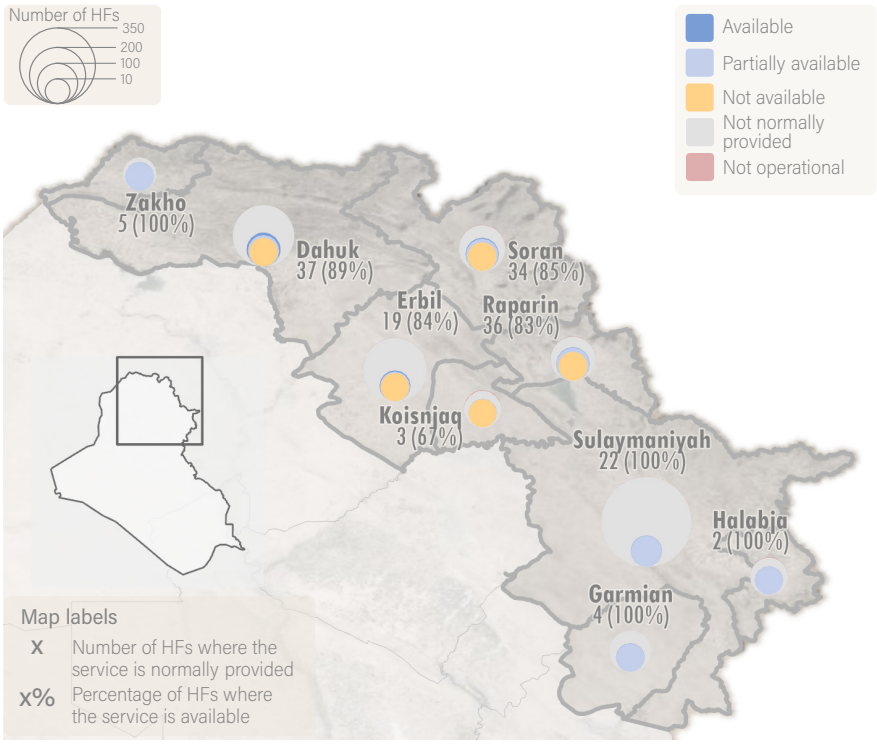
Overall service availability



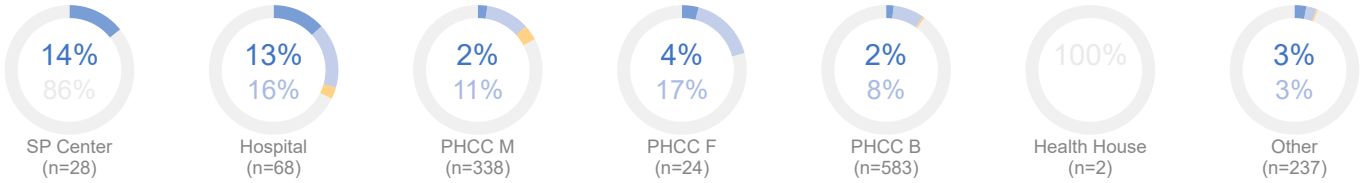
Main barriers impeding service delivery

n = 122



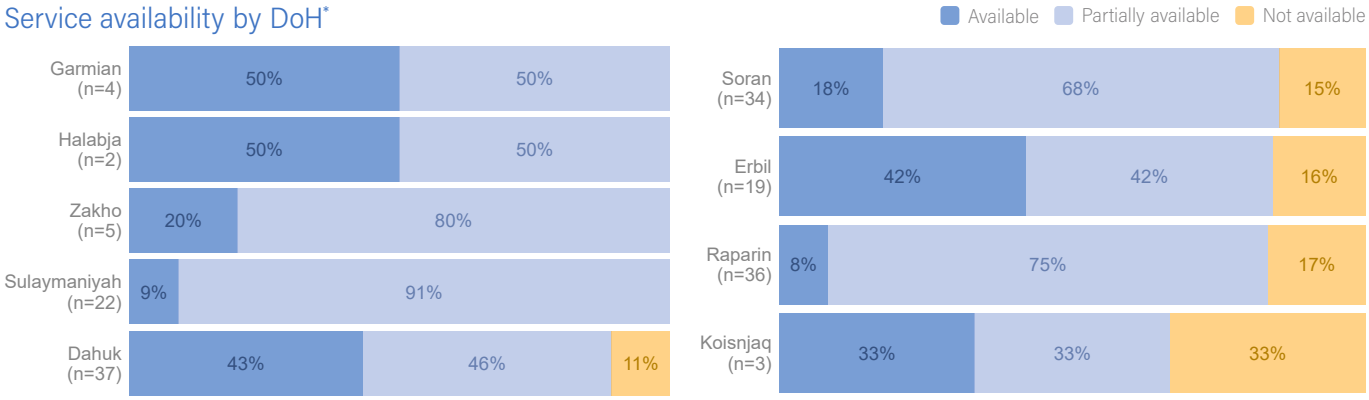


Service availability by type of HF

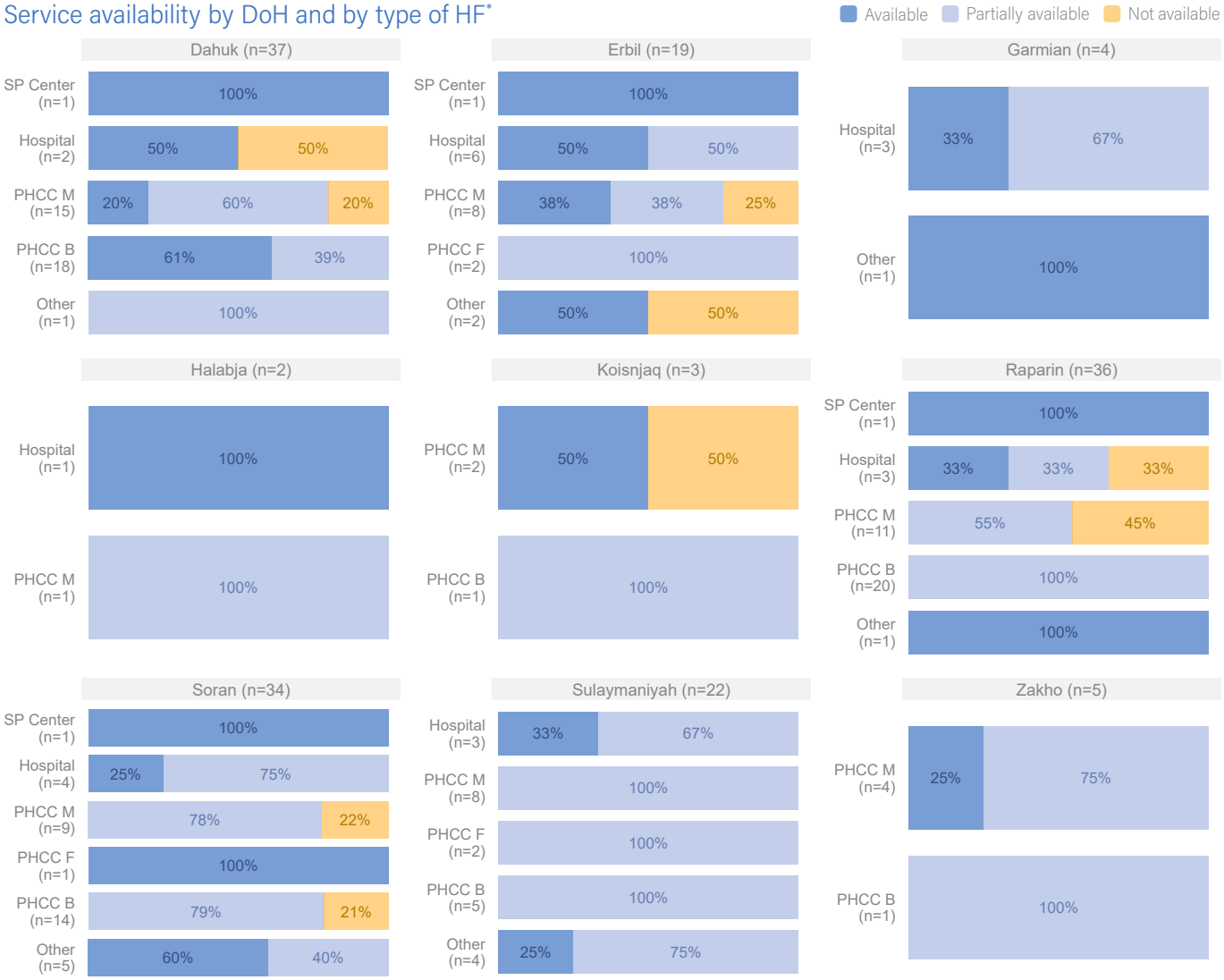


Main barriers impeding service delivery by DoH

Service availability by DoH*



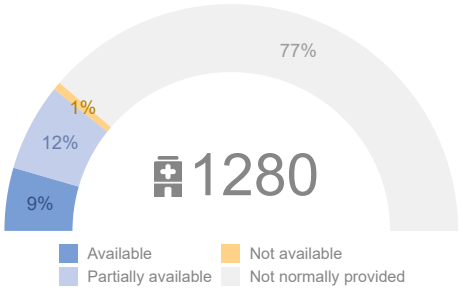
Service availability by DoH and by type of HF*



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

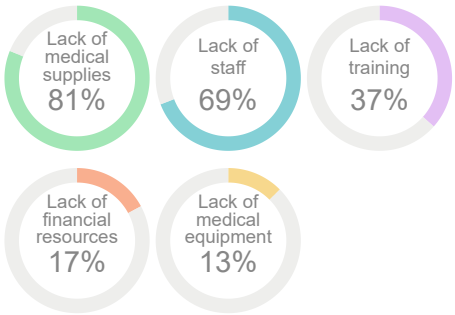
IMCI UNDER 5 CLINIC

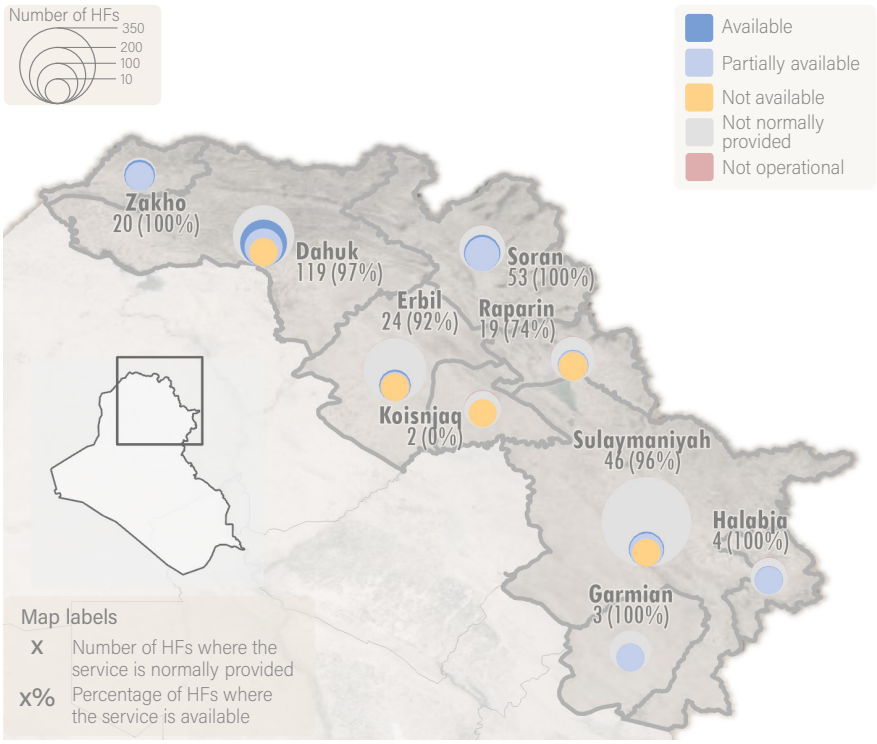
Overall service availability



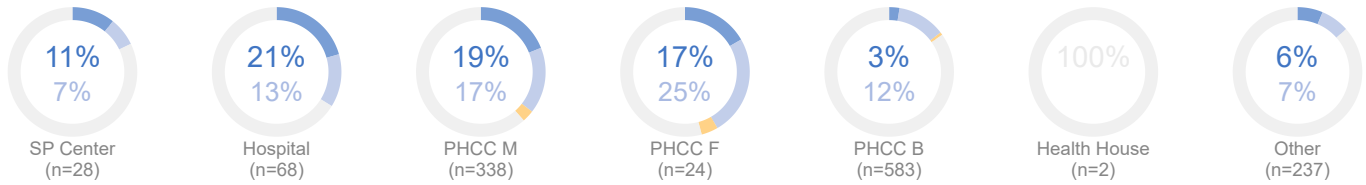
Main barriers impeding service delivery

n = 175

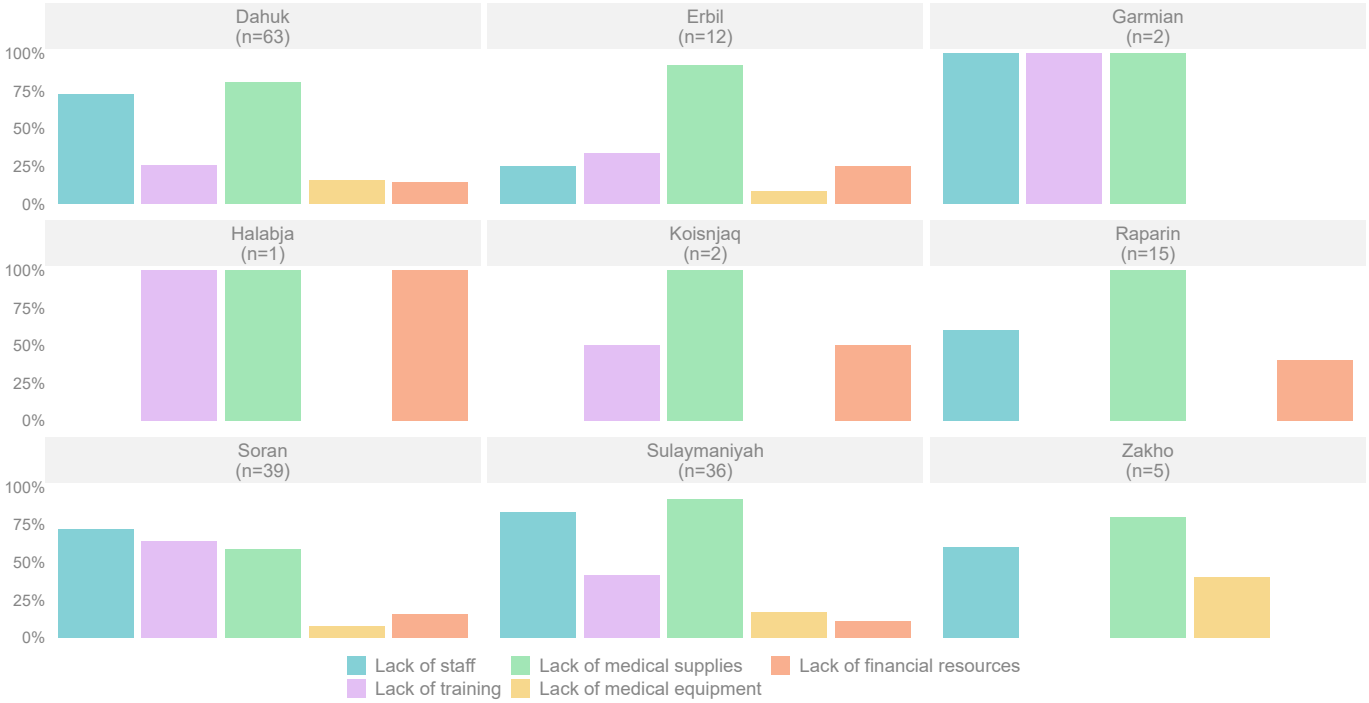




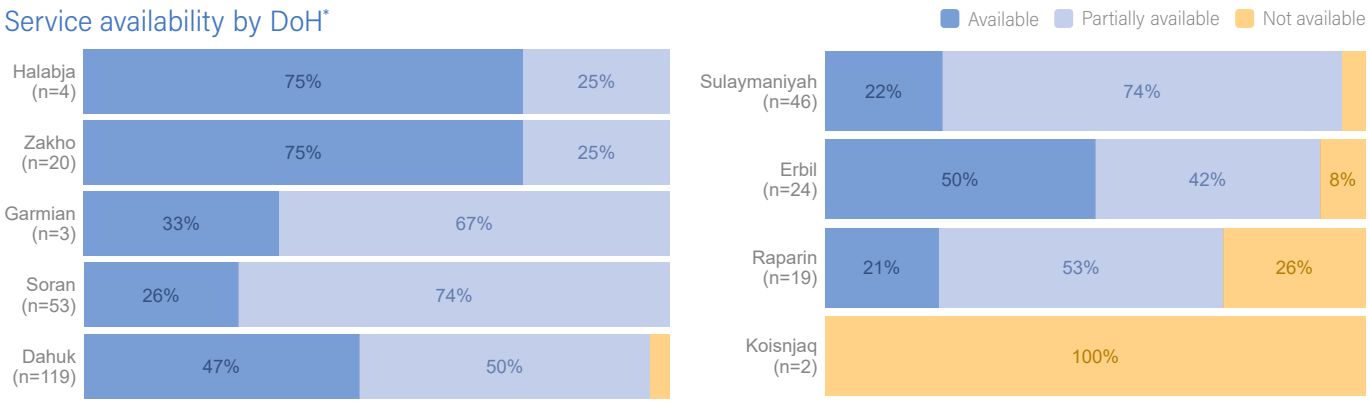
Service availability by type of HF



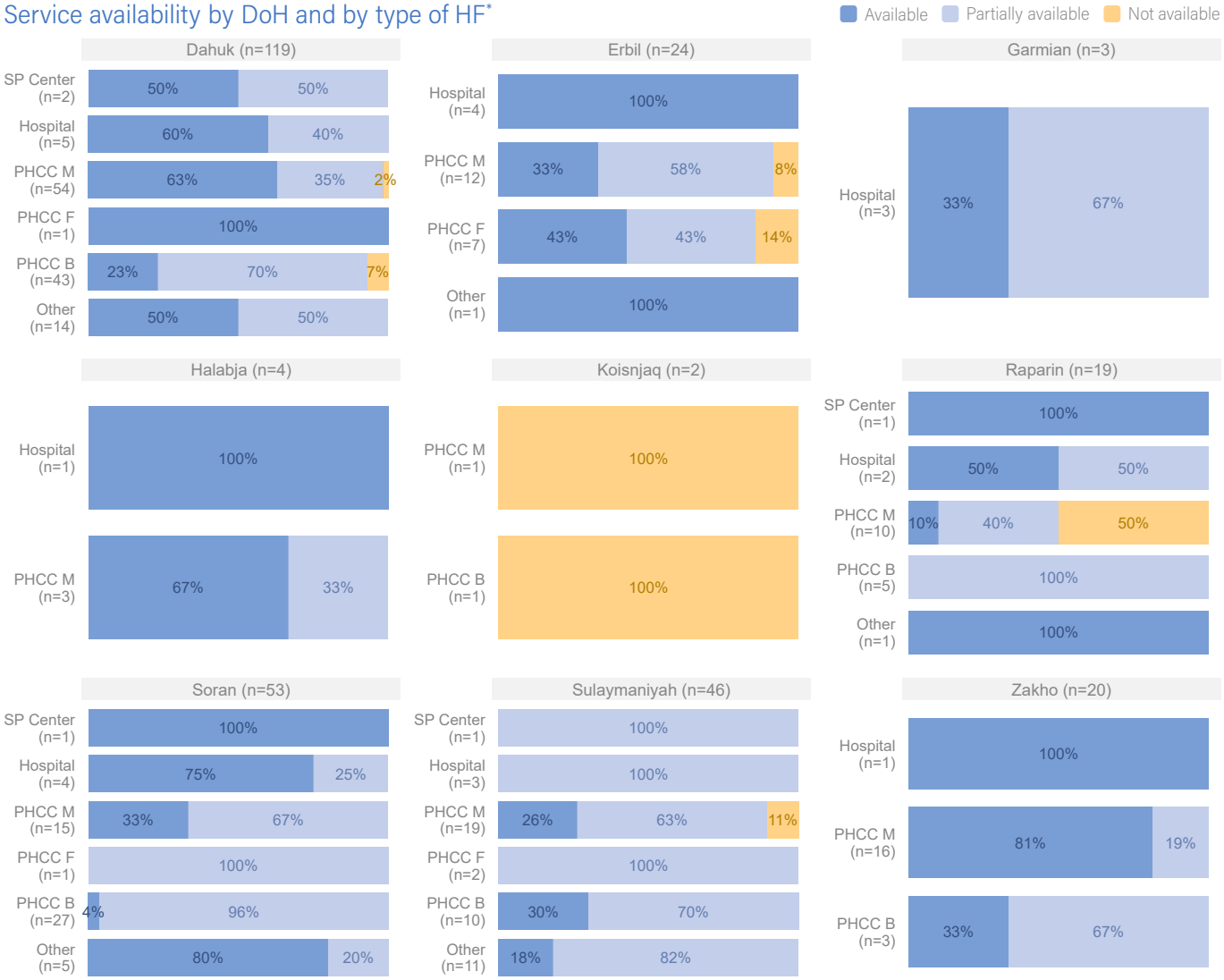
Main barriers impeding service delivery by DoH



Service availability by DoH*



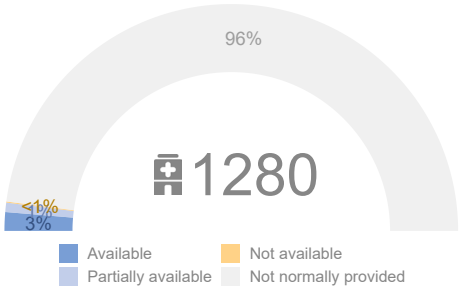
Service availability by DoH and by type of HF*



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

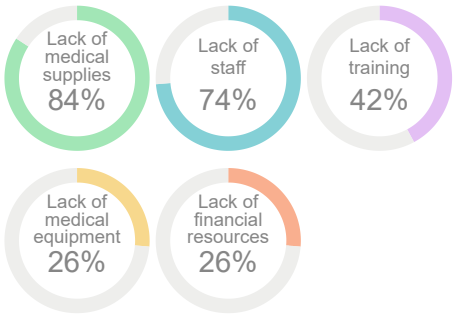
MANAGEMENT OF CHILDREN CLASSIFIED AS SEVERE OR VERY SEVERE DISEASES

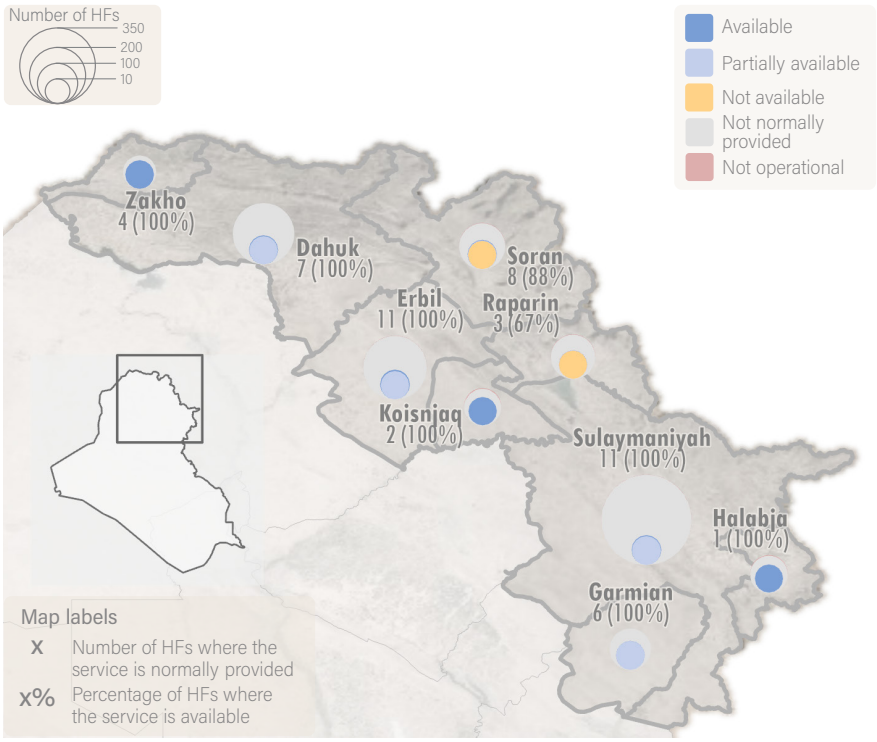
Overall service availability



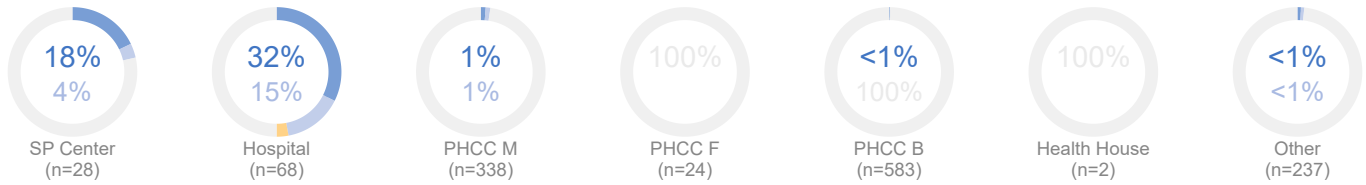
Main barriers impeding service delivery

n = 19

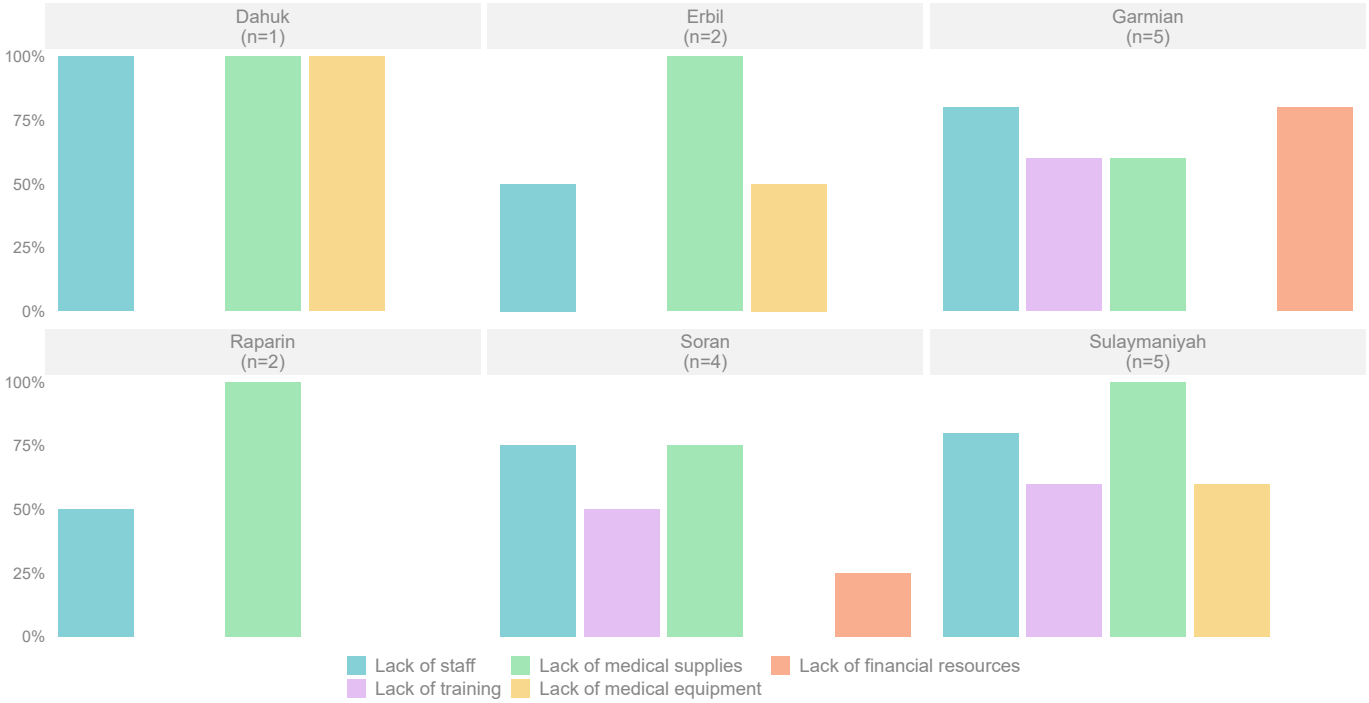




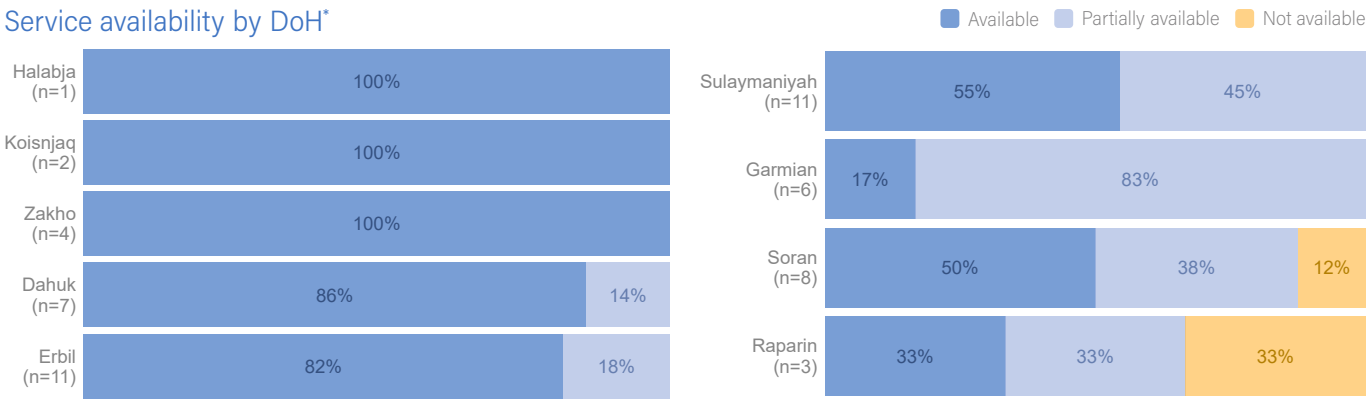
Service availability by type of HF



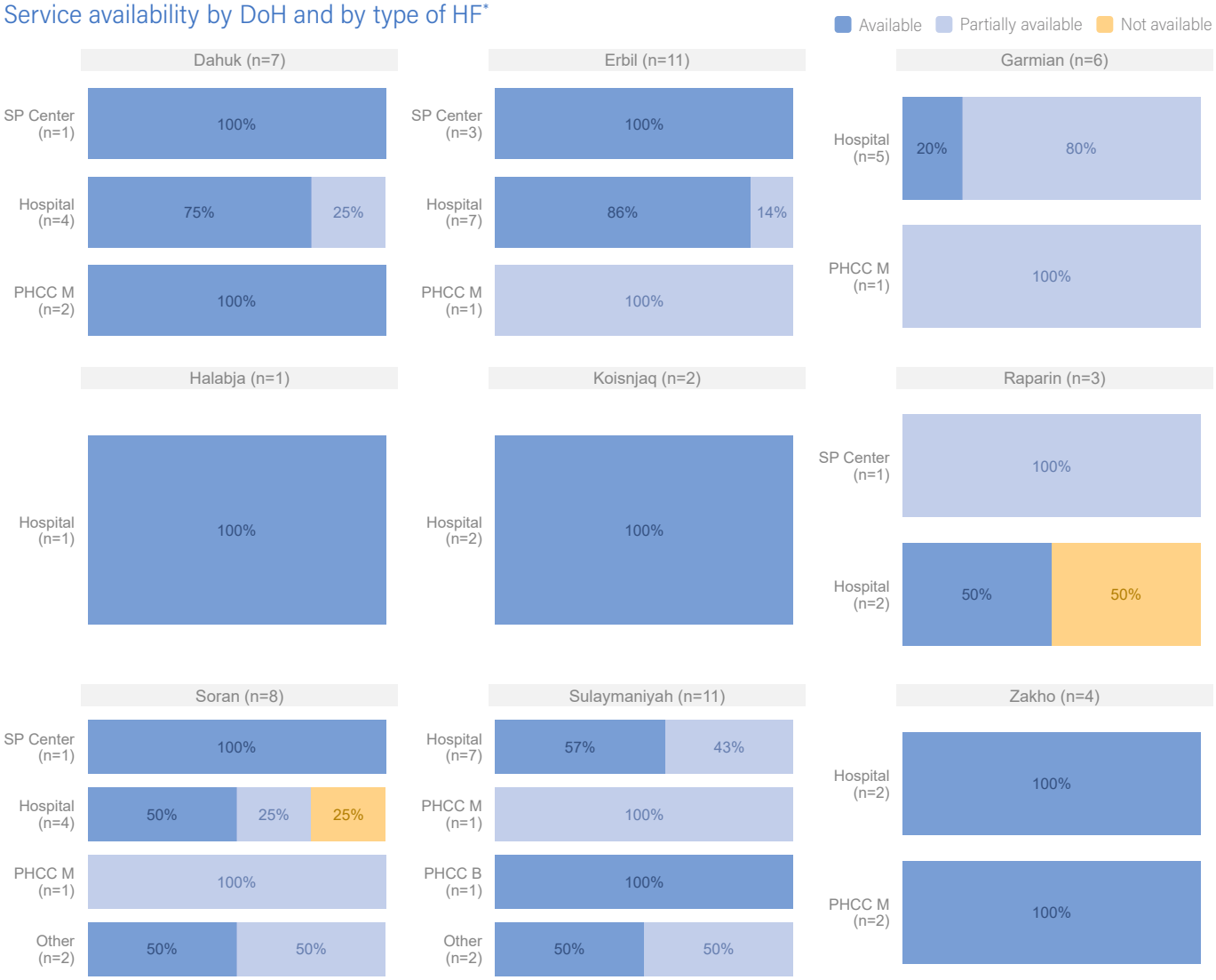
Main barriers impeding service delivery by DoH



Service availability by DoH*



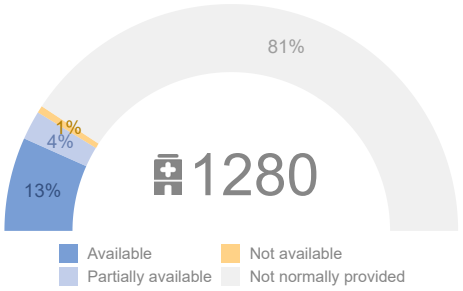
Service availability by DoH and by type of HF*



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

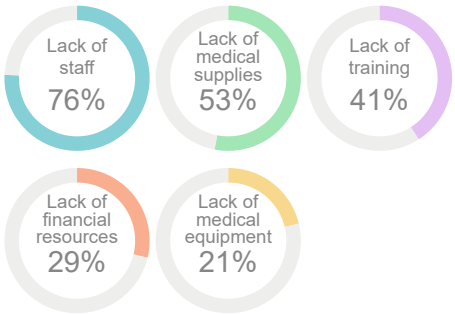
COMMUNITY MOBILIZATION FOR EPI

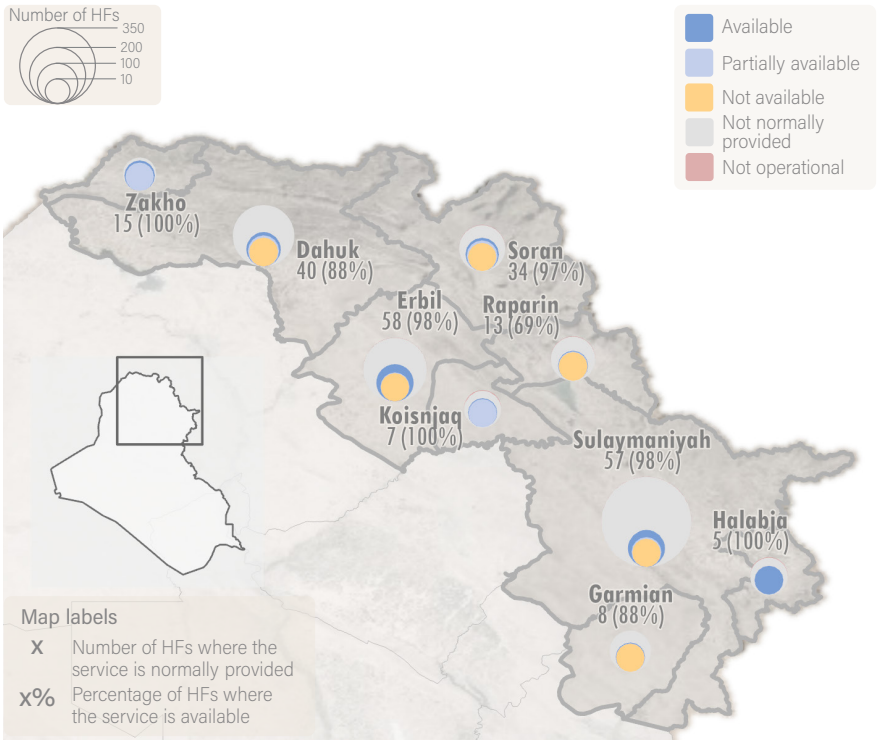
Overall service availability



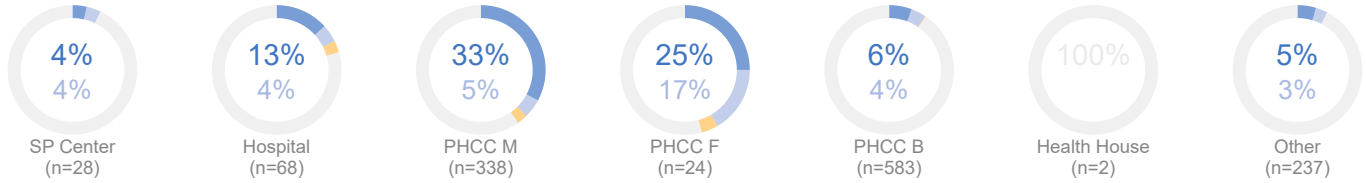
Main barriers impeding service delivery

n = 66

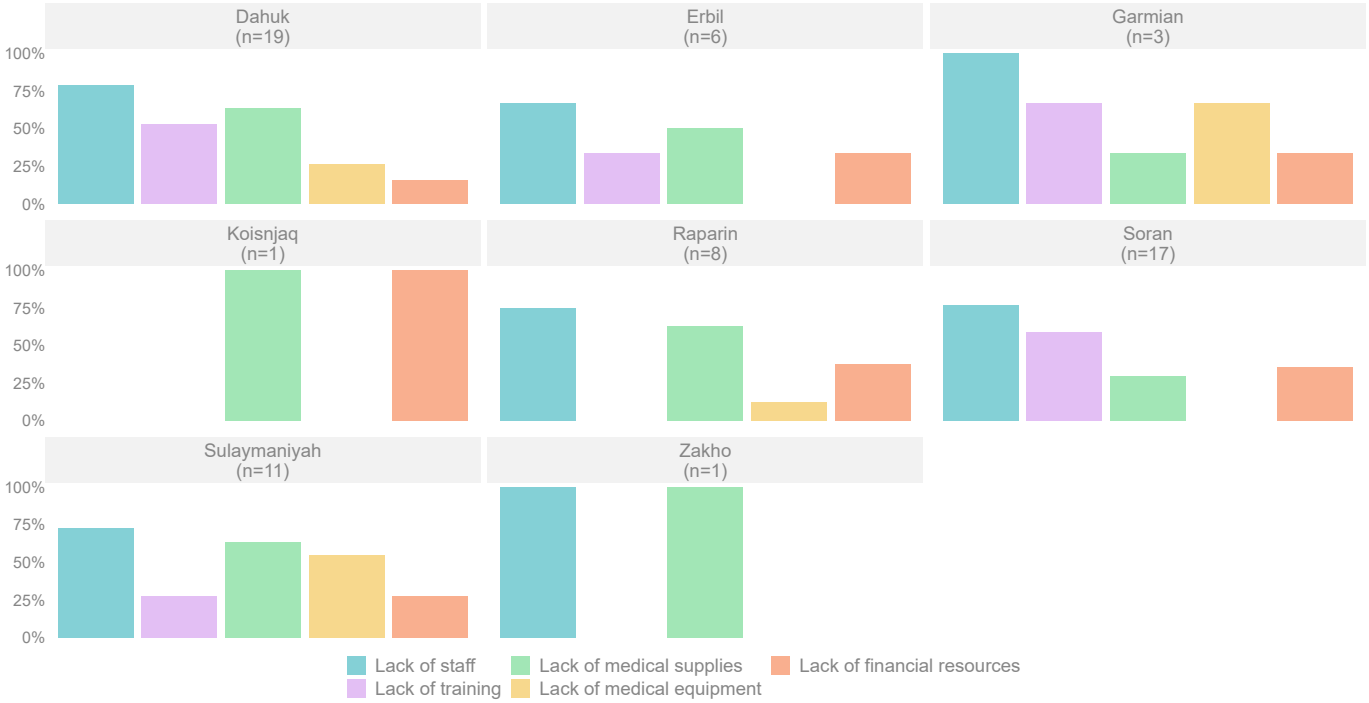




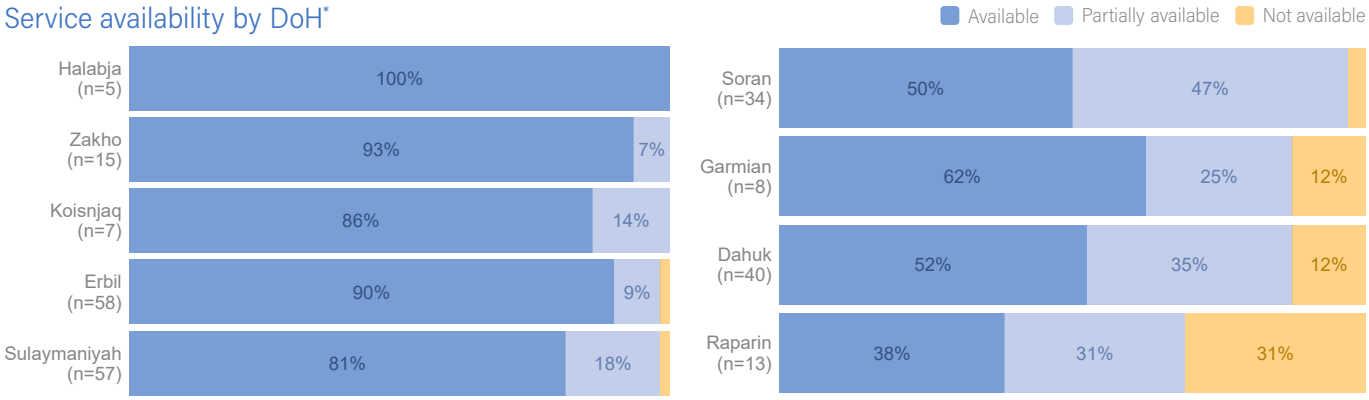
Service availability by type of HF



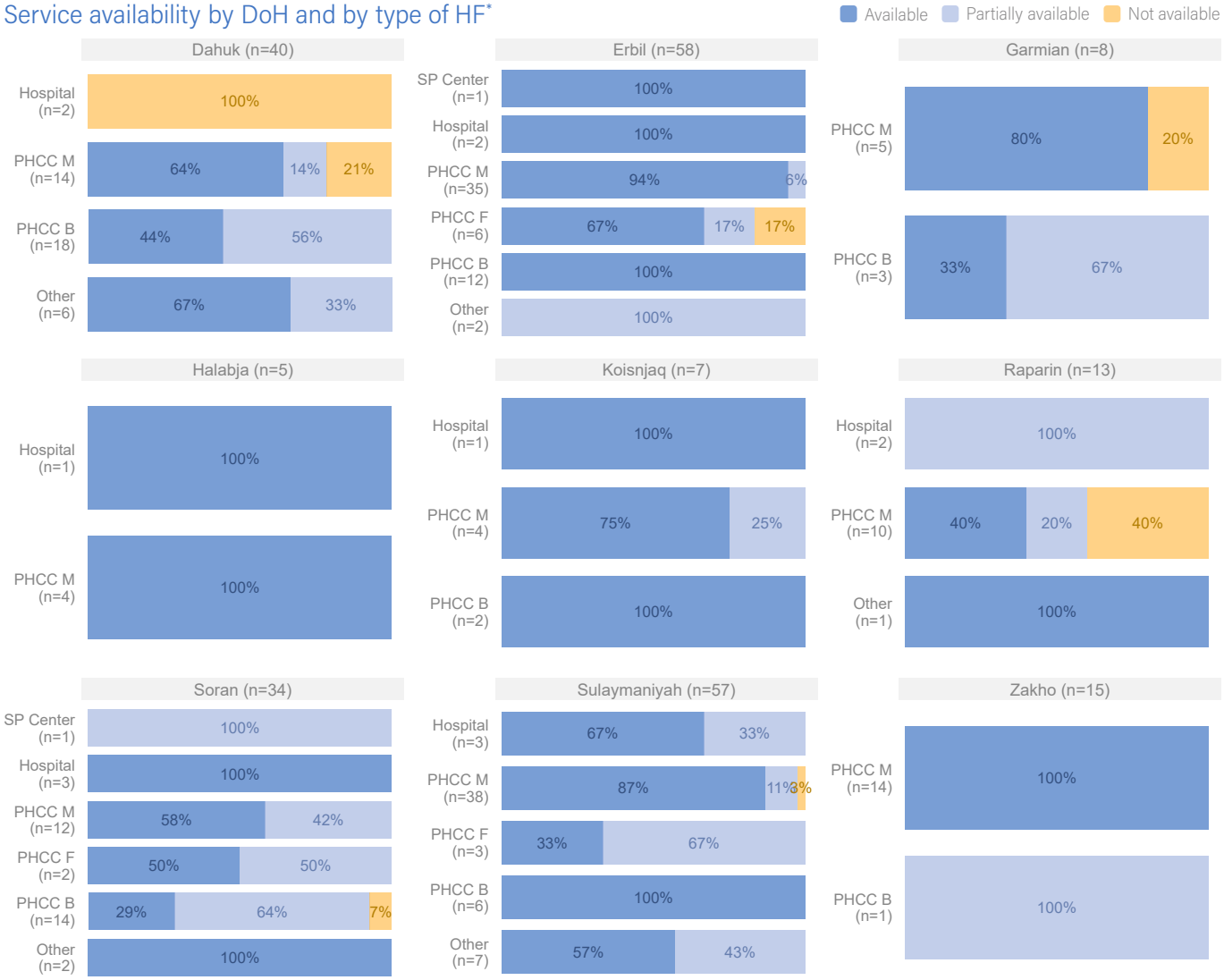
Main barriers impeding service delivery by DoH



Service availability by DoH*



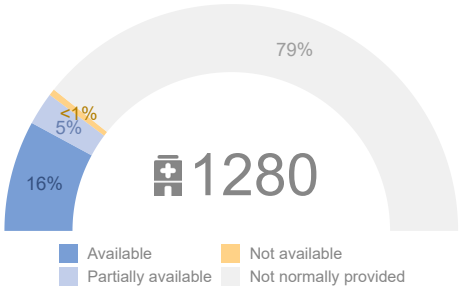
Service availability by DoH and by type of HF*



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

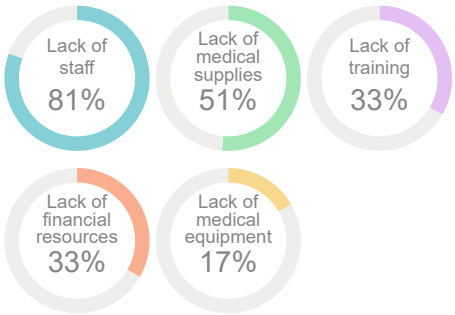
EPI

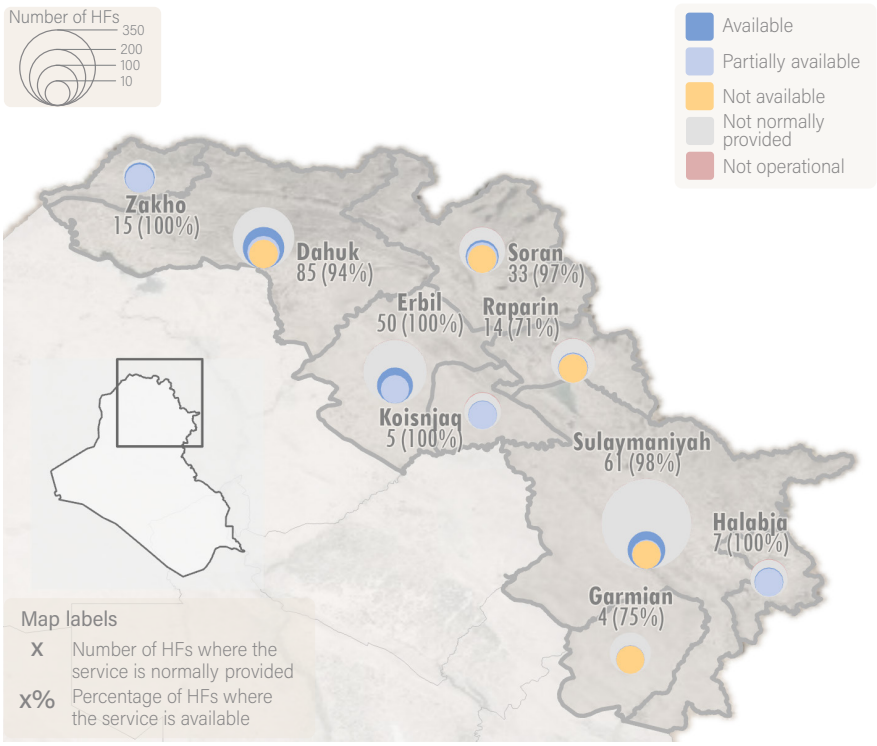
Overall service availability



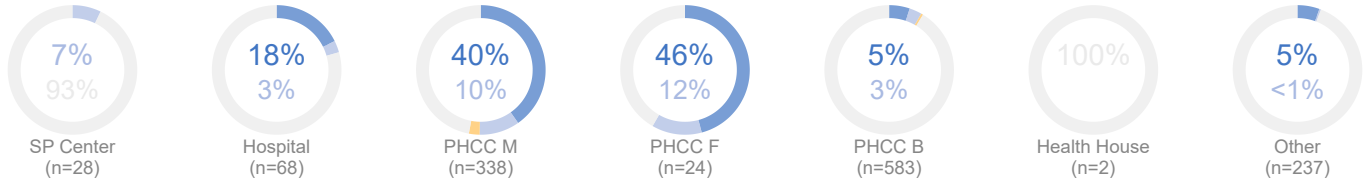
Main barriers impeding service delivery

n = 72



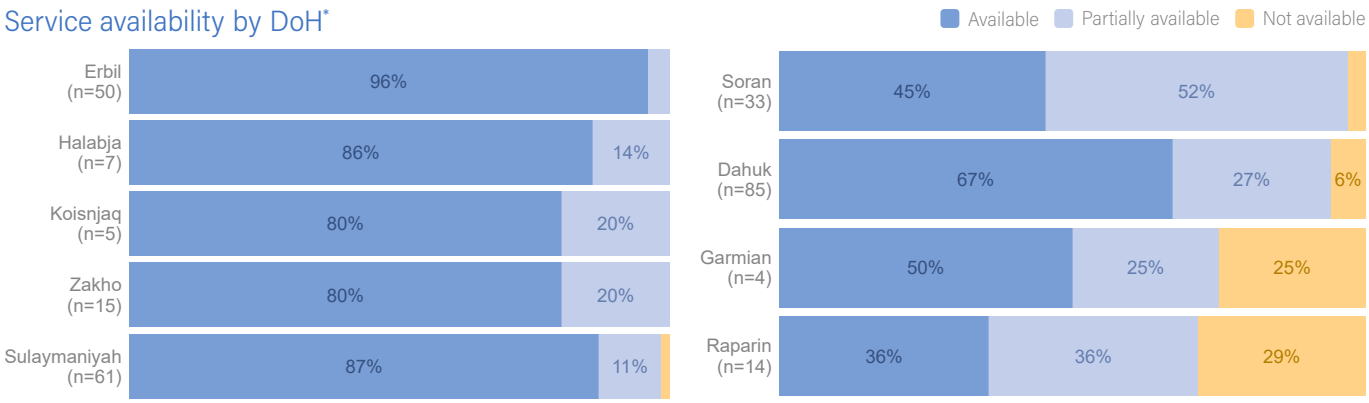


Service availability by type of HF

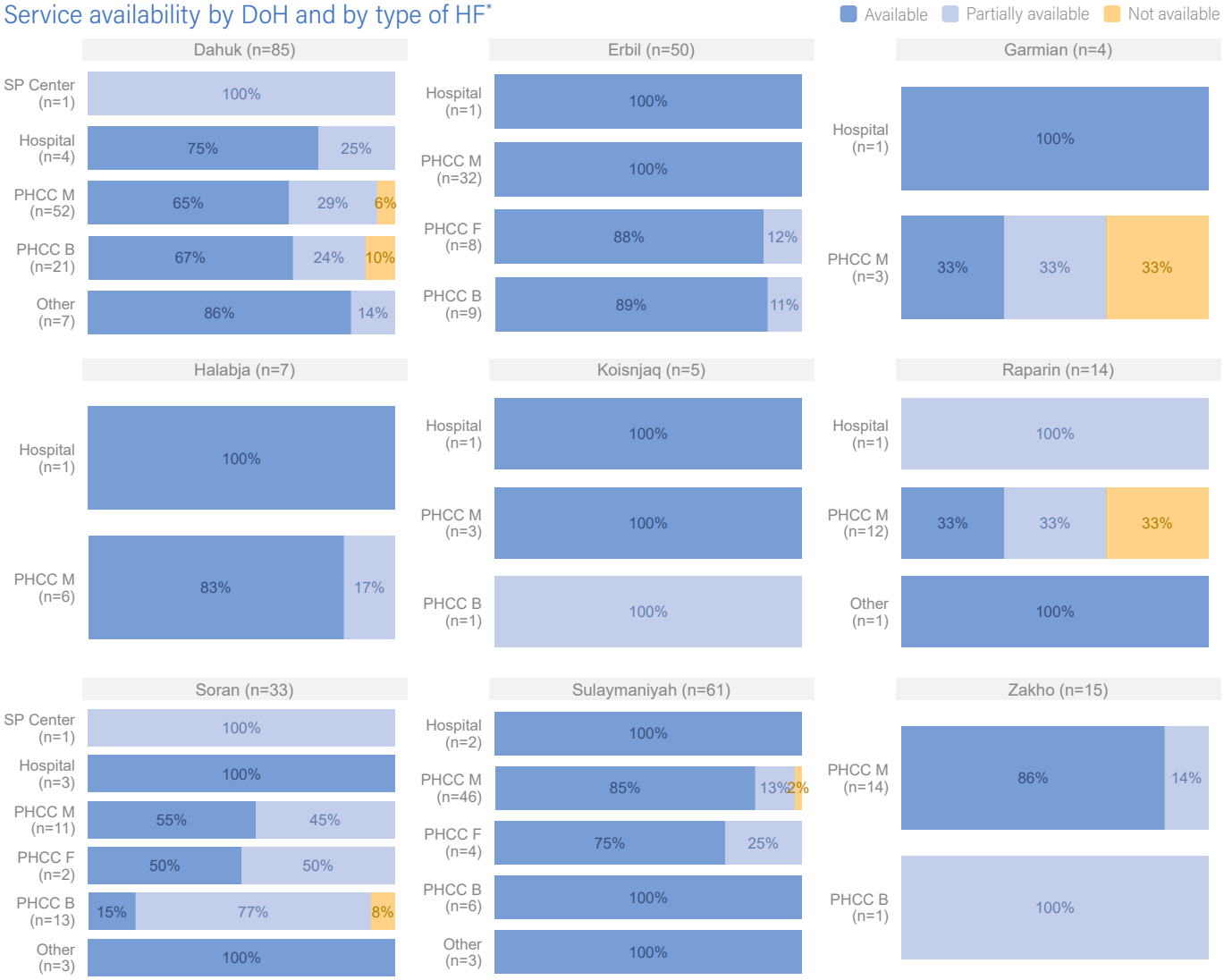


Main barriers impeding service delivery by DoH

Service availability by DoH*



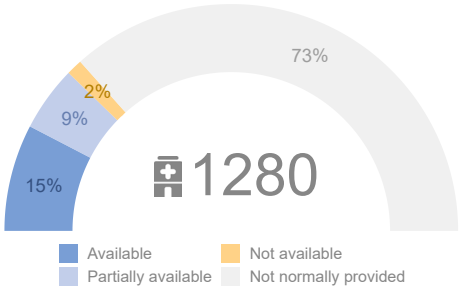
Service availability by DoH and by type of HF*



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

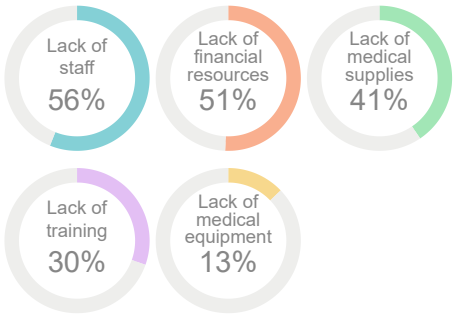
IEC ON IYCF PRACTICES

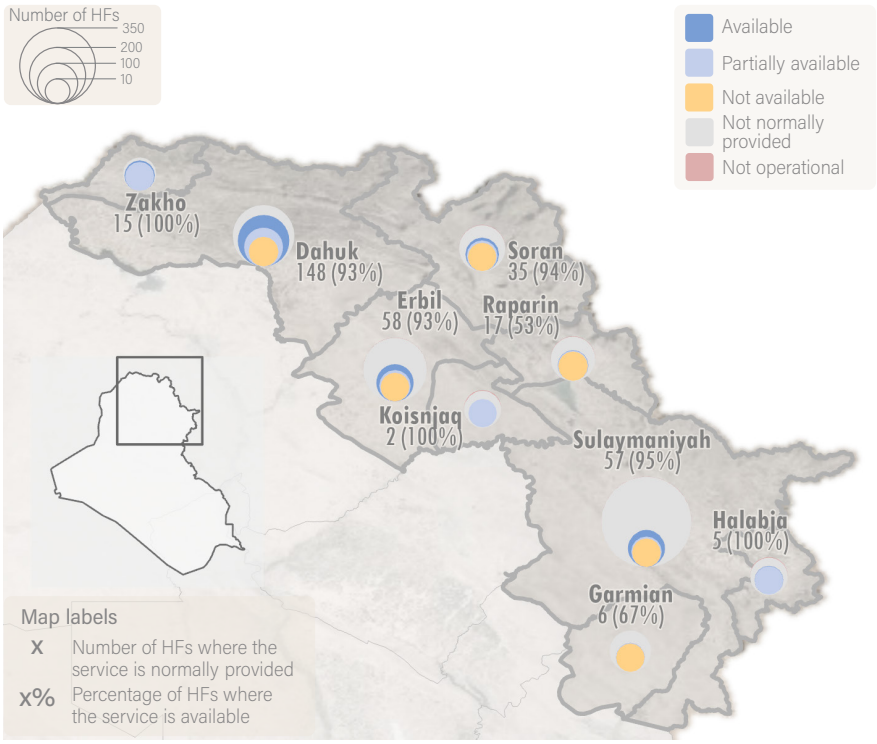
Overall service availability



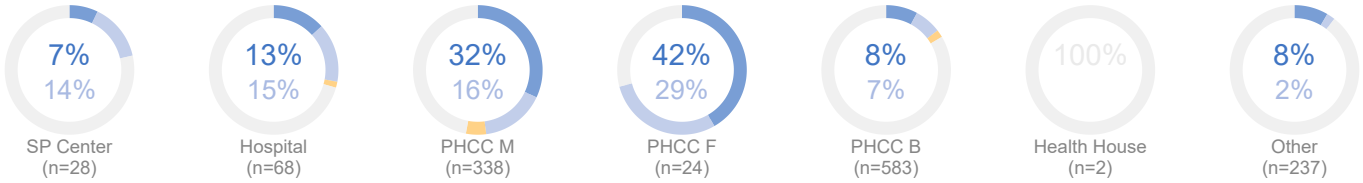
Main barriers impeding service delivery

n = 148

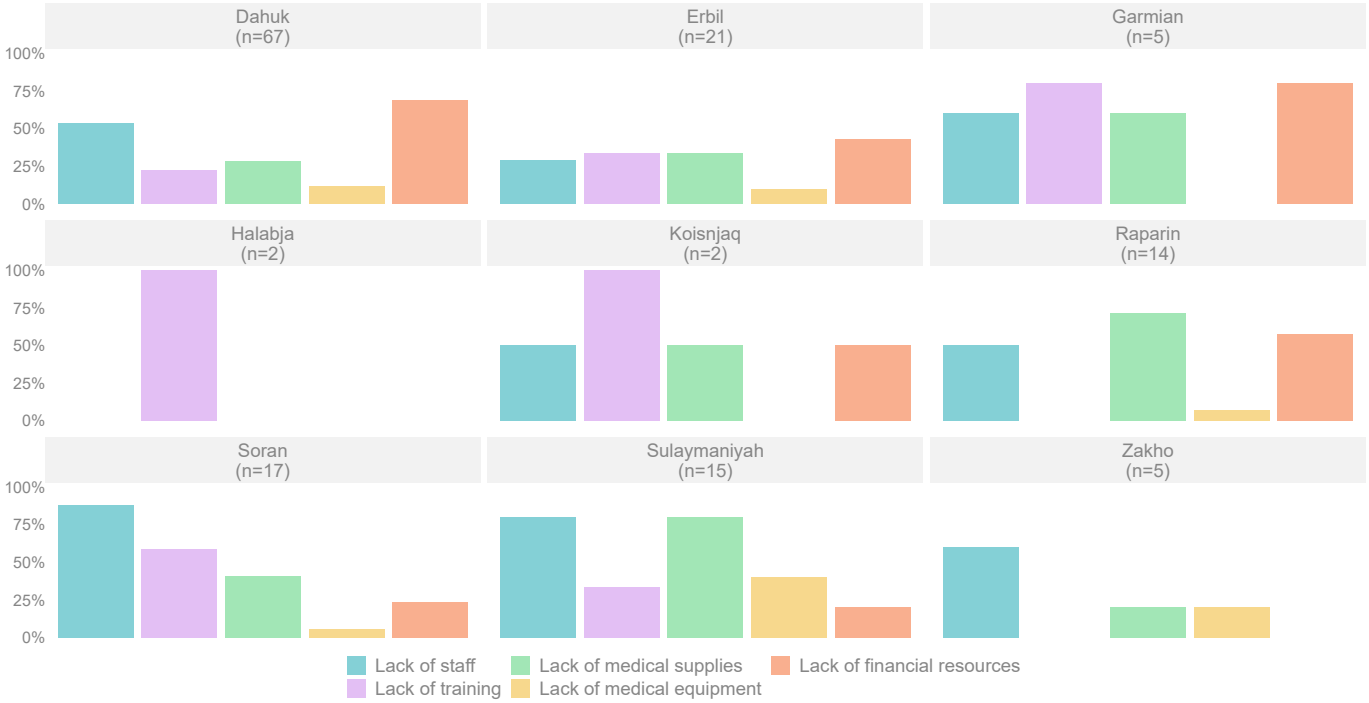




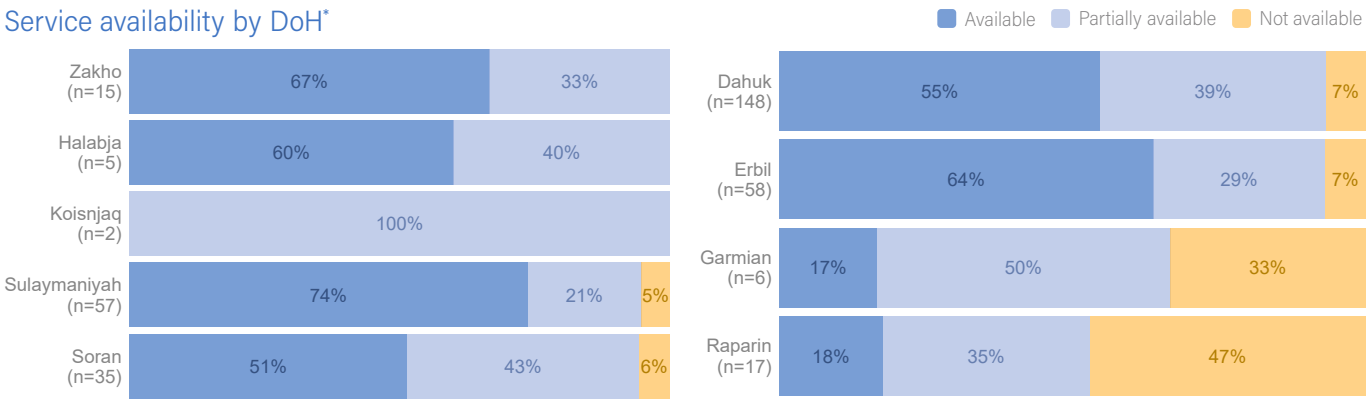
Service availability by type of HF



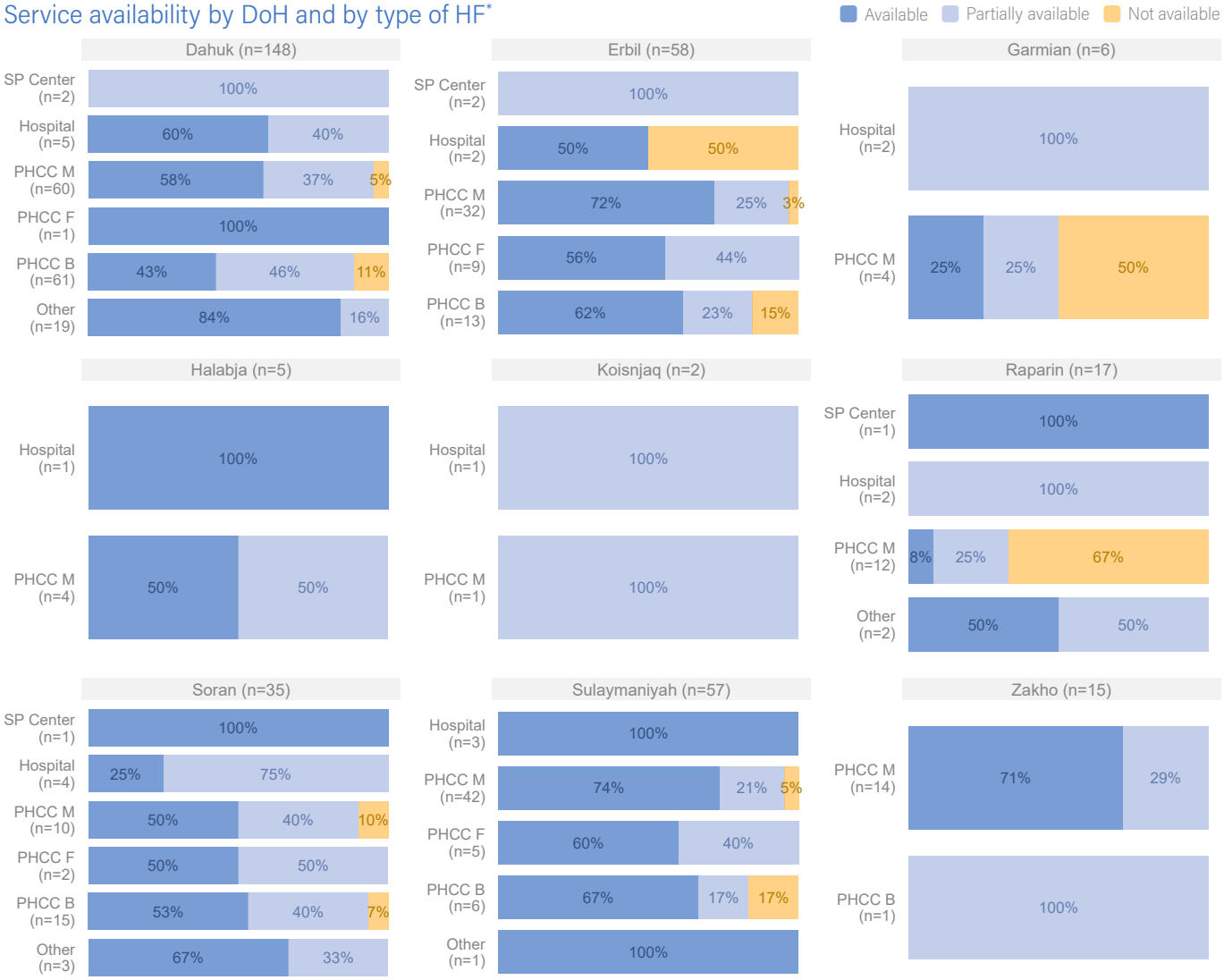
Main barriers impeding service delivery by DoH



Service availability by DoH*



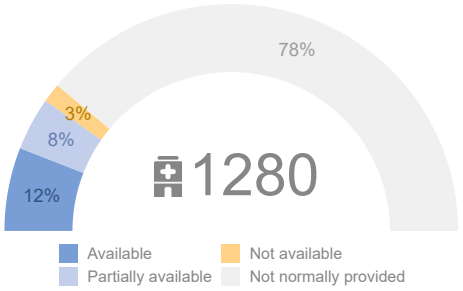
Service availability by DoH and by type of HF*



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

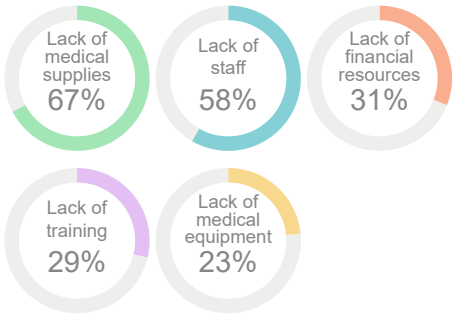
SCREENING FOR ACUTE MALNUTRITION AT THE COMMUNITY LEVEL

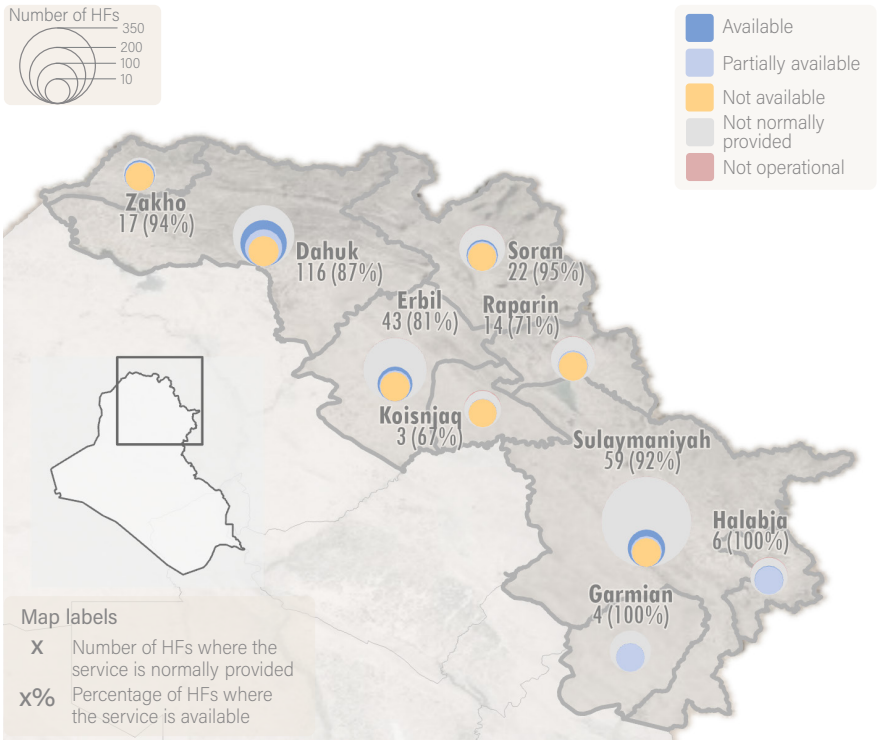
Overall service availability



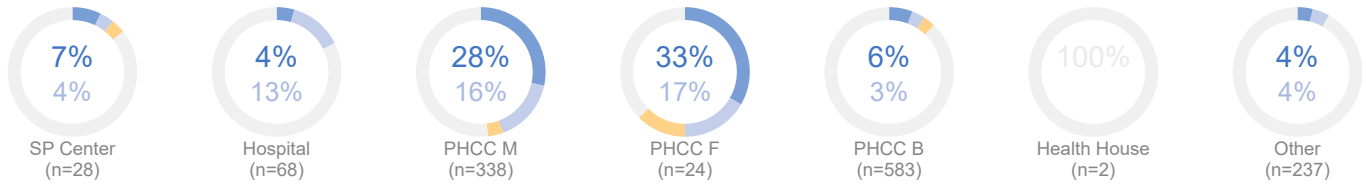
Main barriers impeding service delivery

n = 132



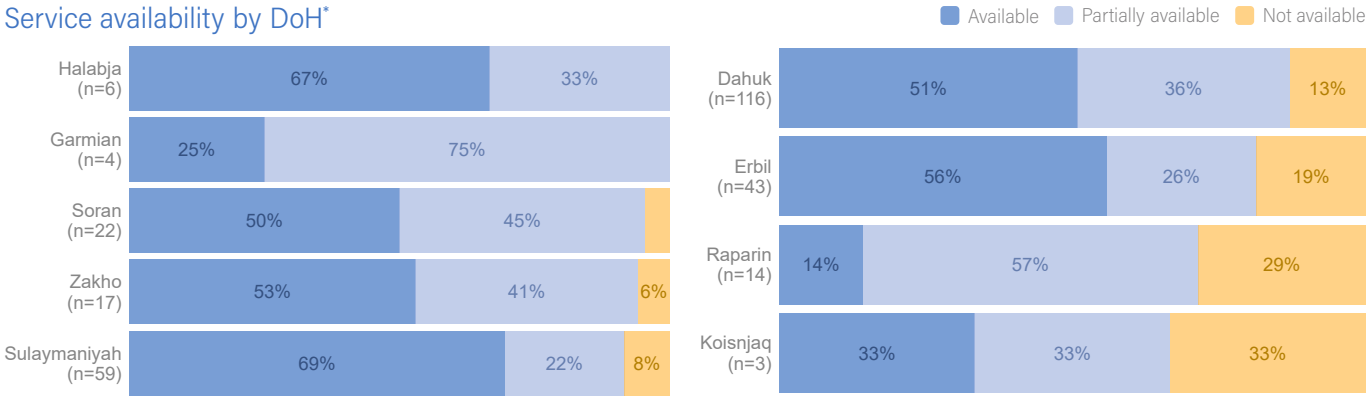


Service availability by type of HF

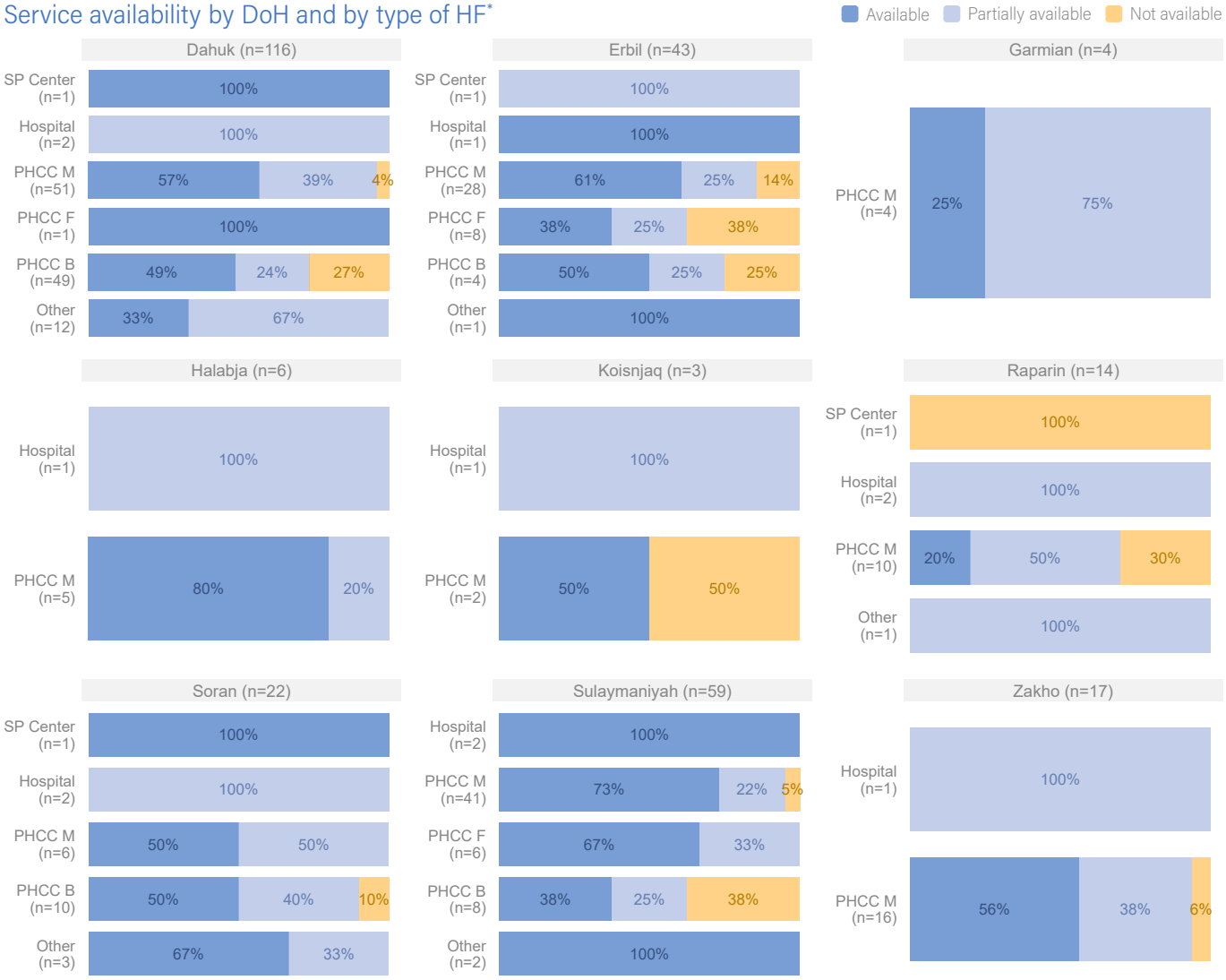


Main barriers impeding service delivery by DoH

Service availability by DoH*



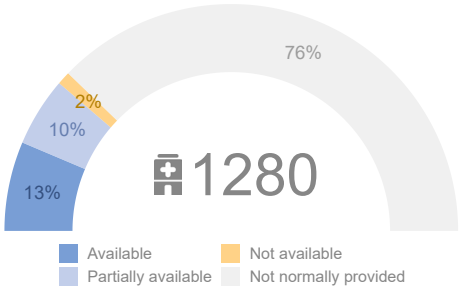
Service availability by DoH and by type of HF*



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

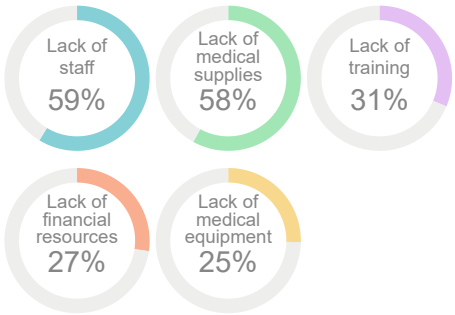
GROWTH MONITORING AT PRIMARY CARE LEVEL

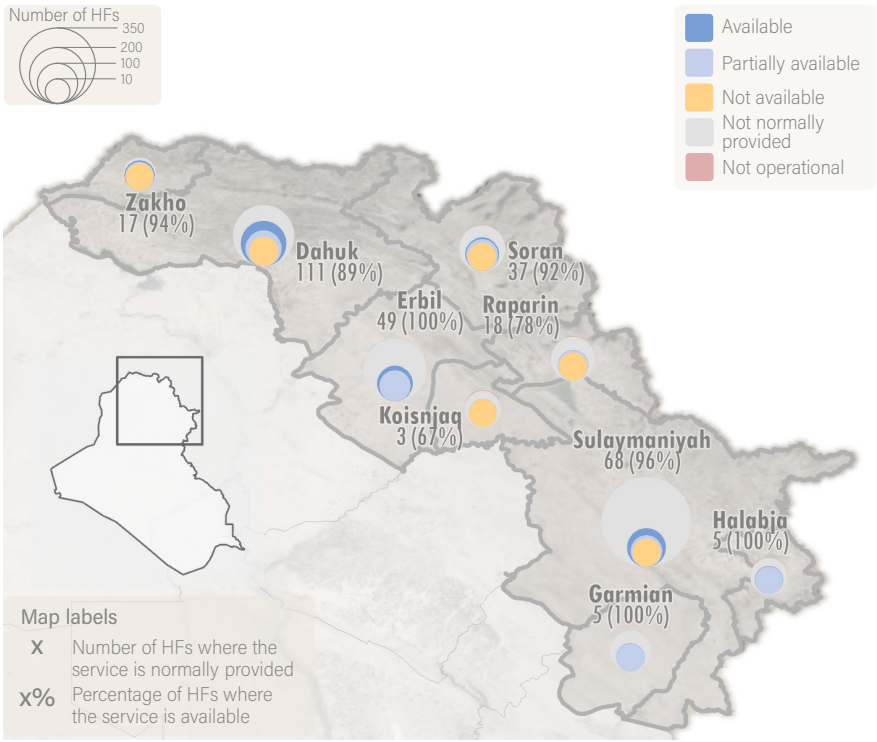
Overall service availability



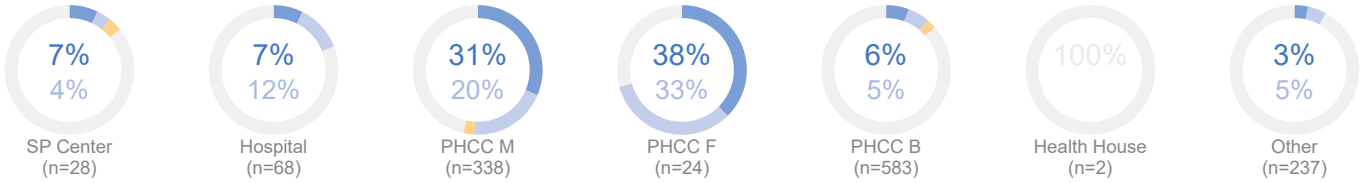
Main barriers impeding service delivery

n = 150



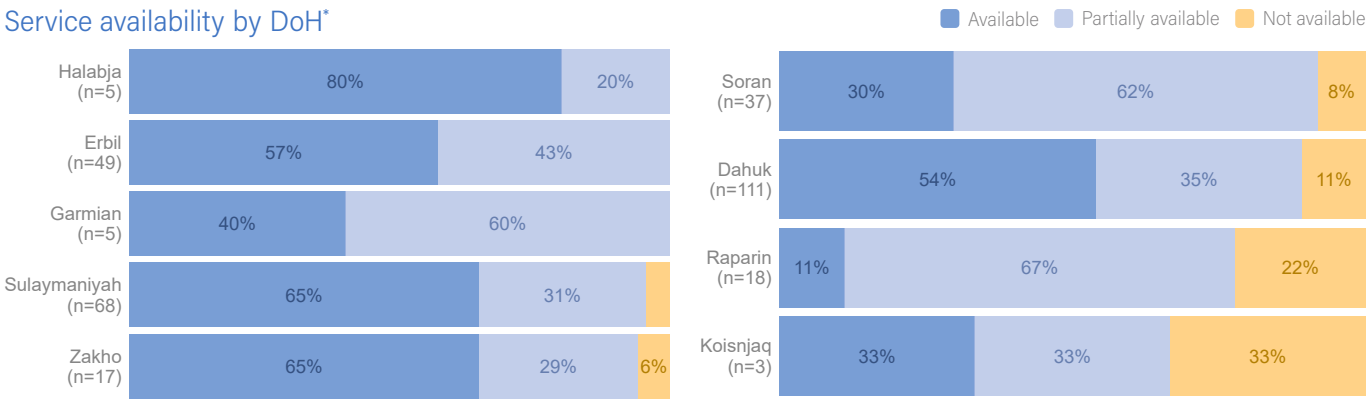


Service availability by type of HF

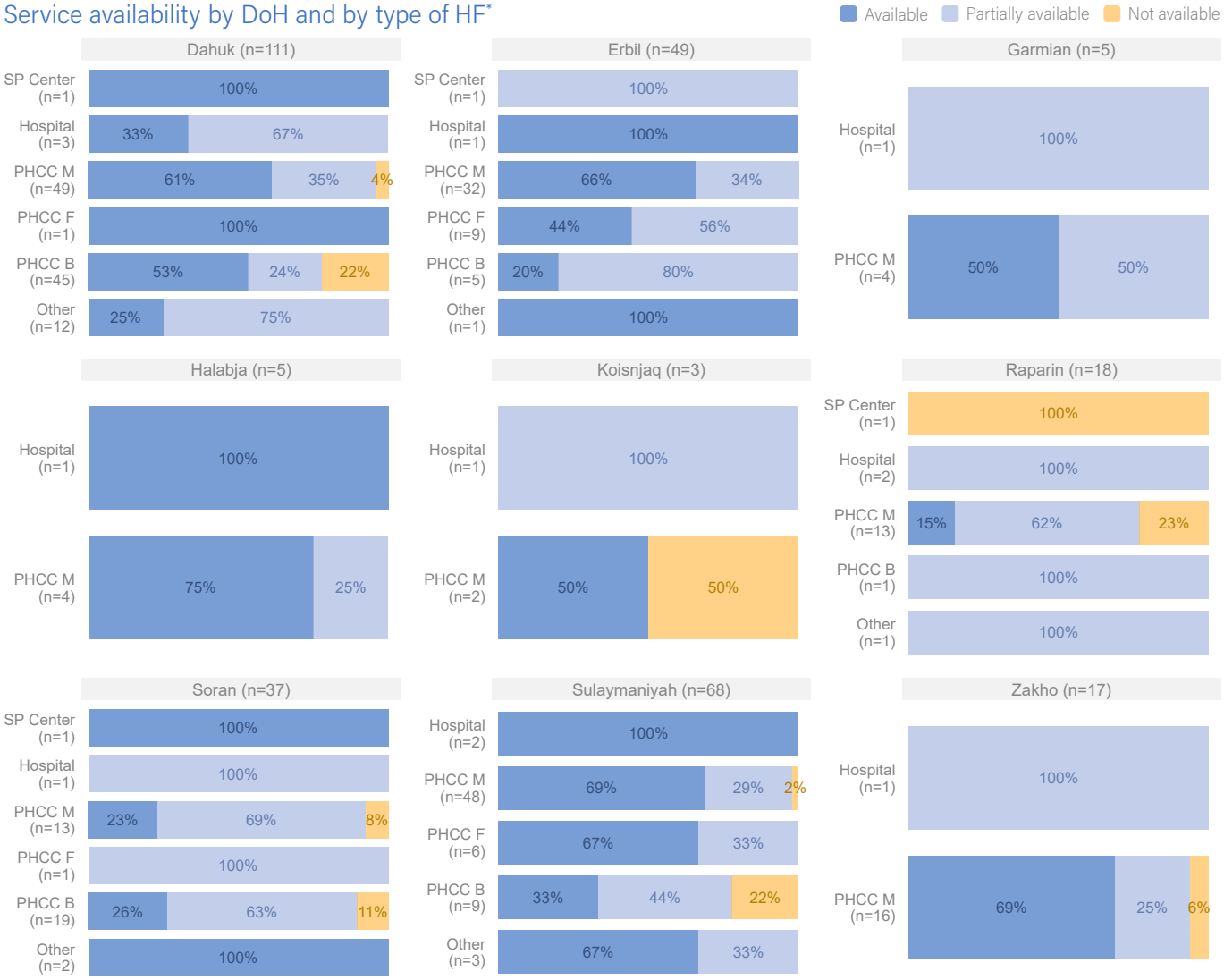


Main barriers impeding service delivery by DoH

Service availability by DoH*



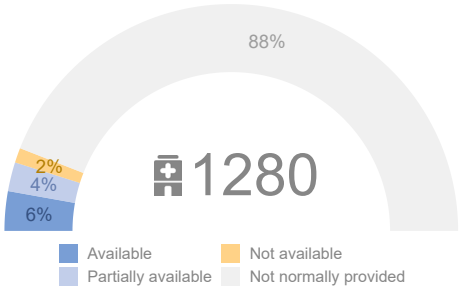
Service availability by DoH and by type of HF*



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

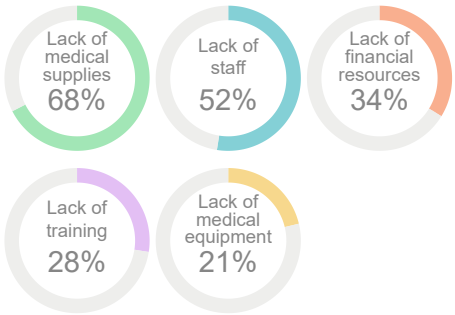
CMAM

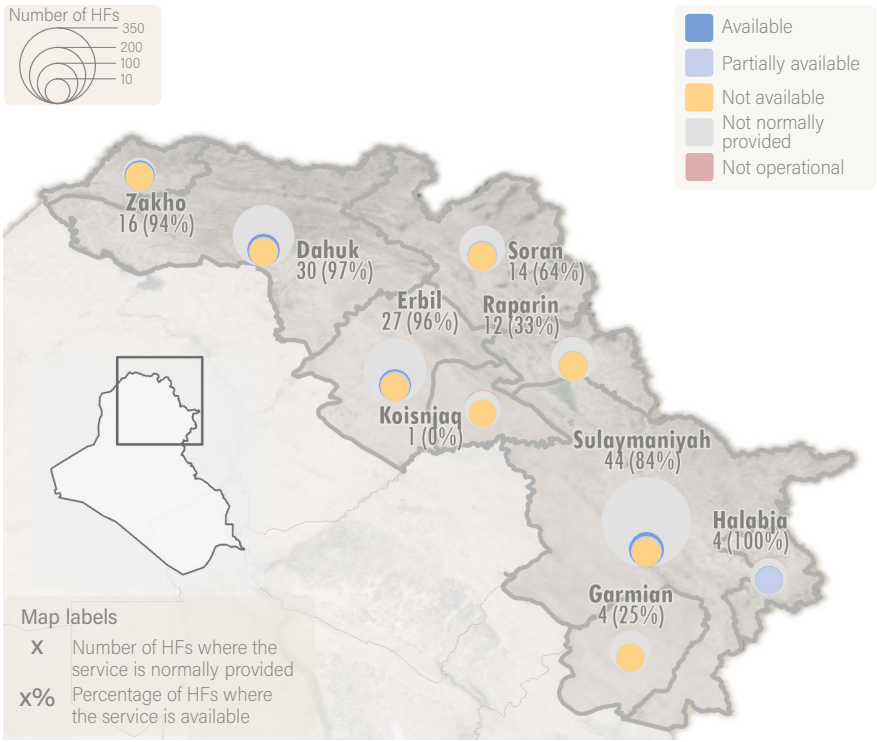
Overall service availability



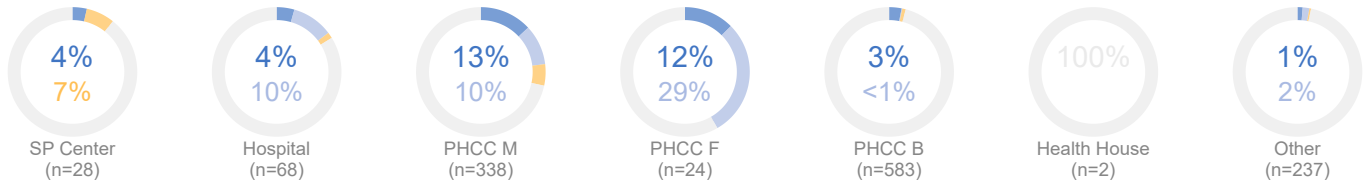
Main barriers impeding service delivery

n = 80

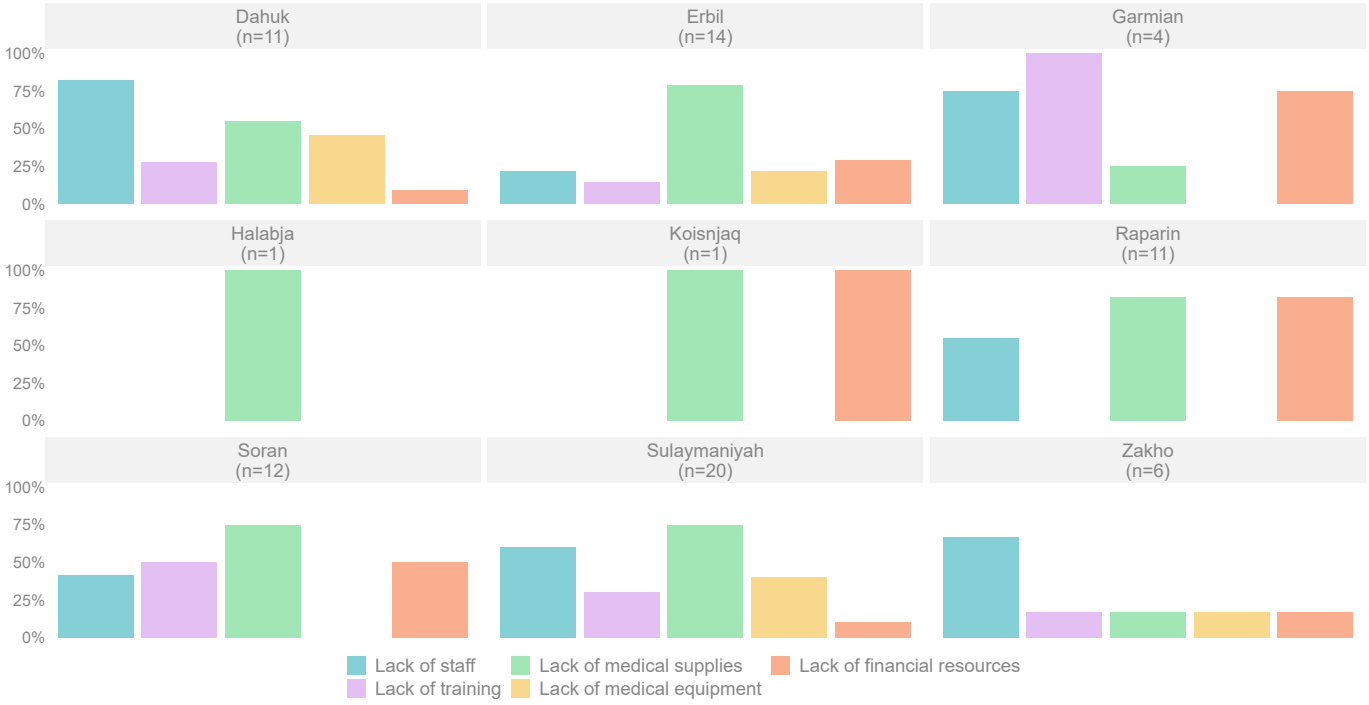




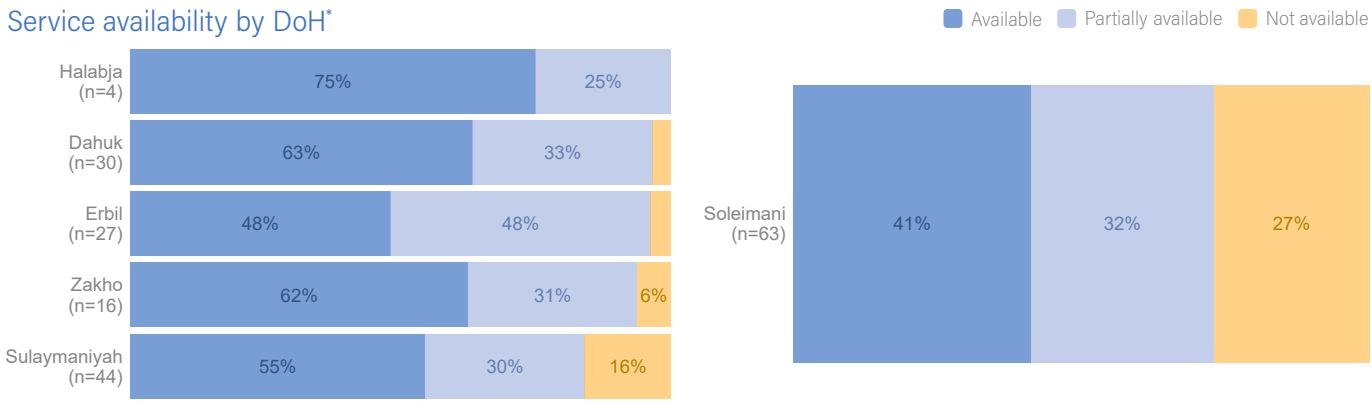
Service availability by type of HF



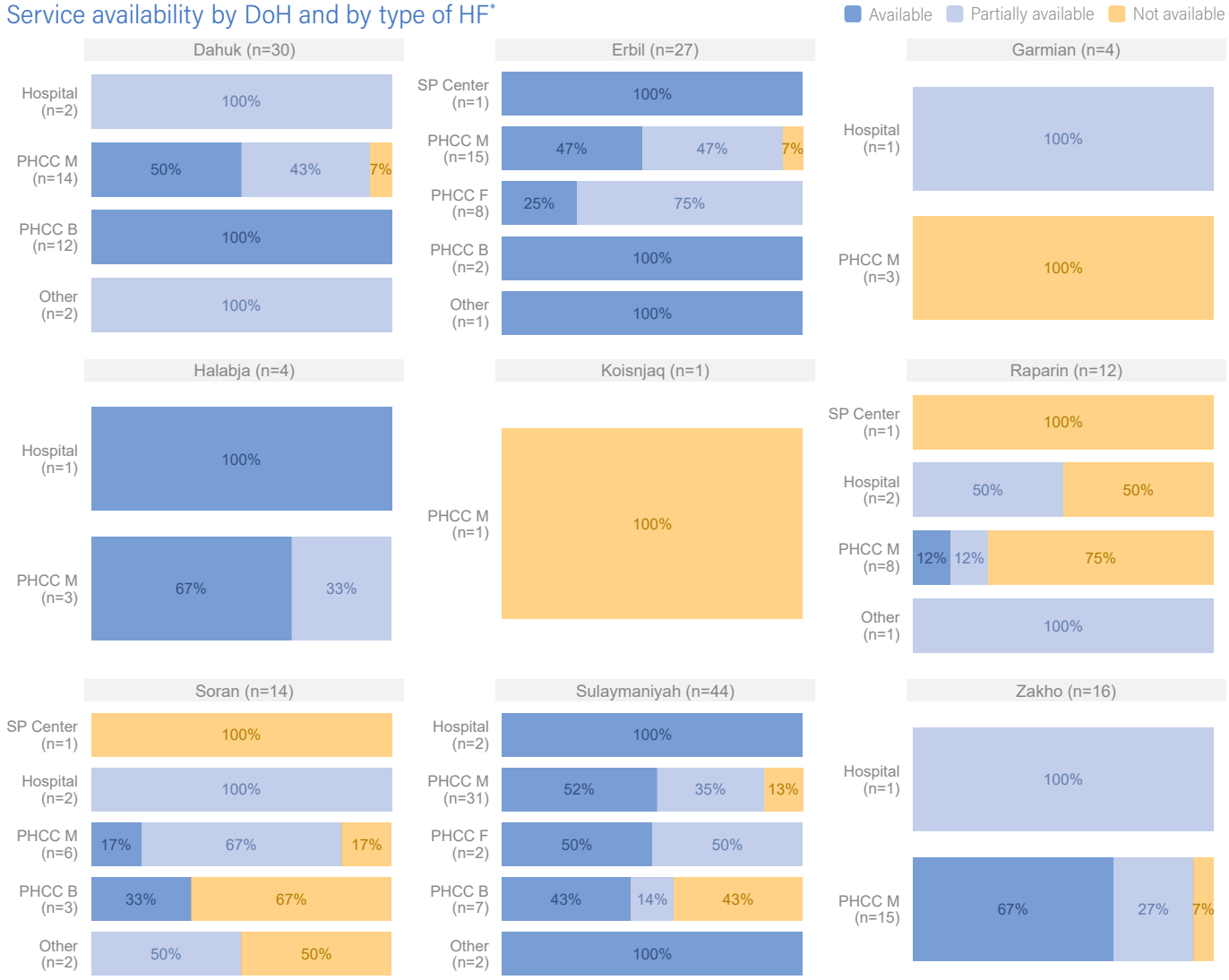
Main barriers impeding service delivery by DoH



Service availability by DoH*



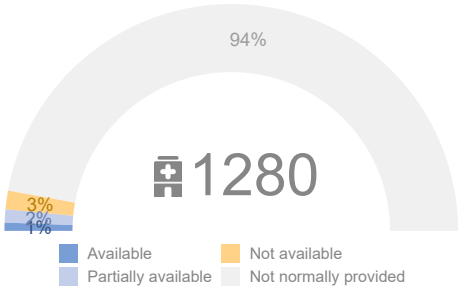
Service availability by DoH and by type of HF*



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

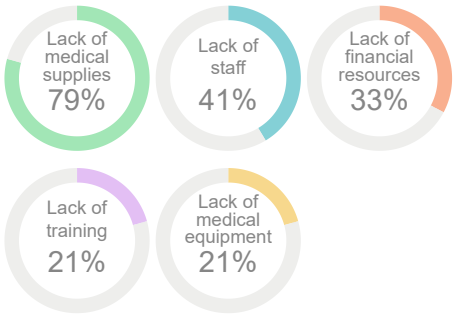
IMAM

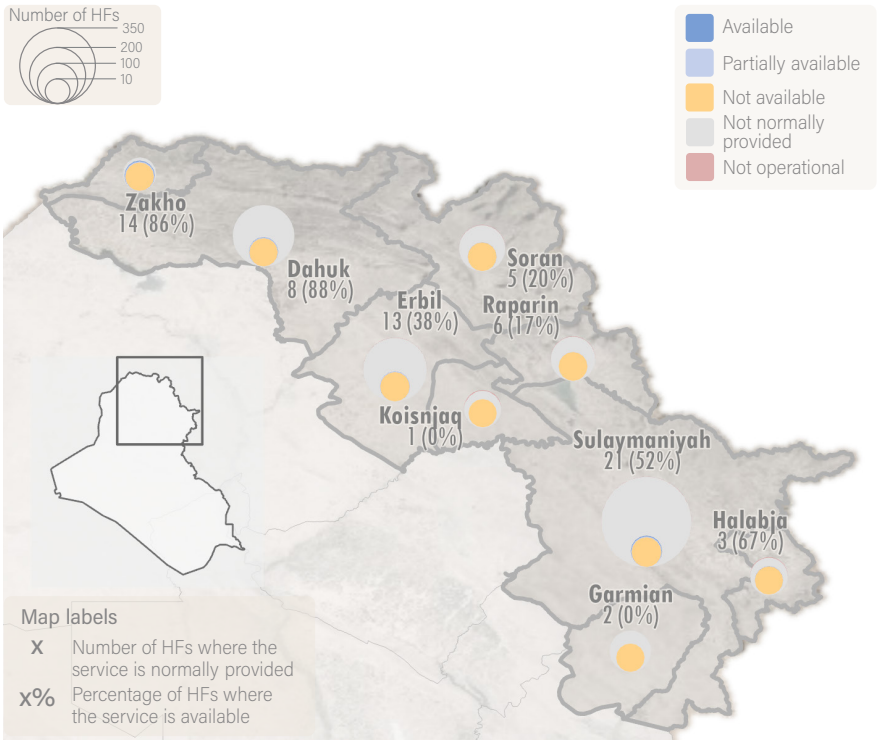
Overall service availability



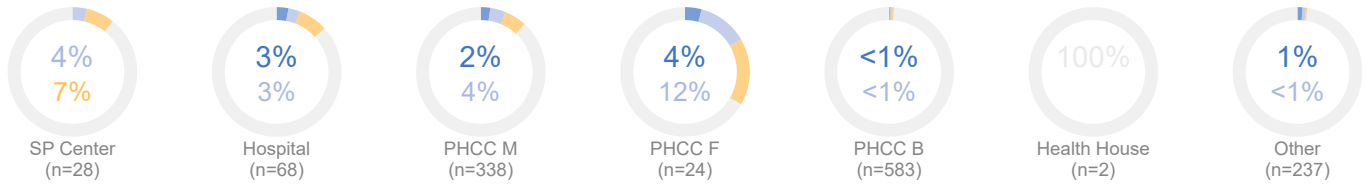
Main barriers impeding service delivery

n = 58



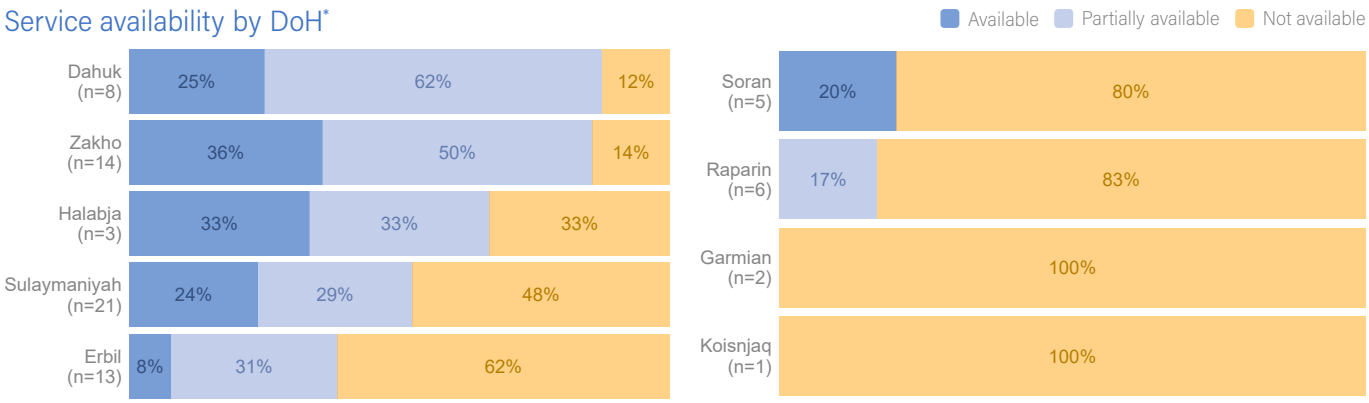


Service availability by type of HF

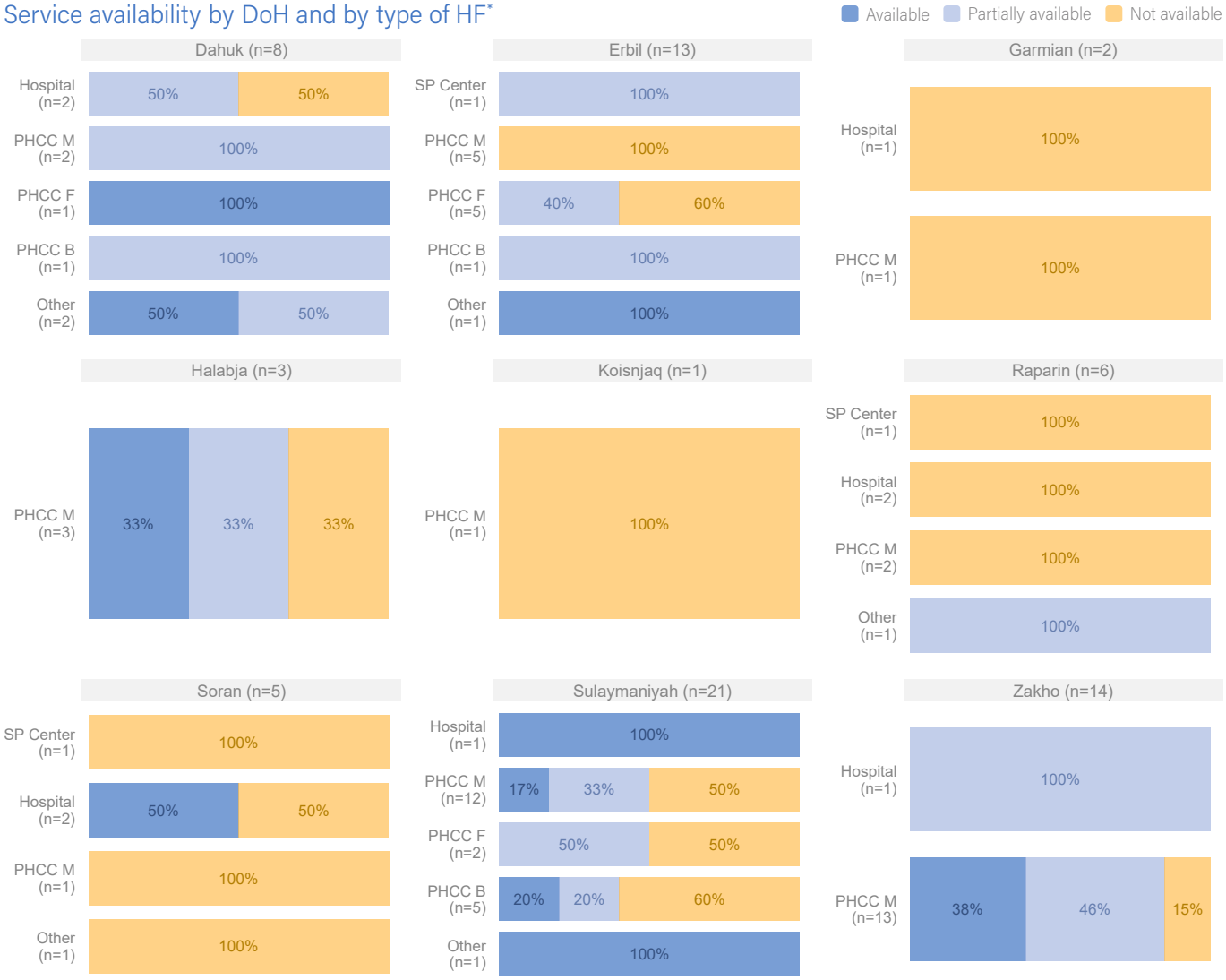


Main barriers impeding service delivery by DoH

Service availability by DoH*



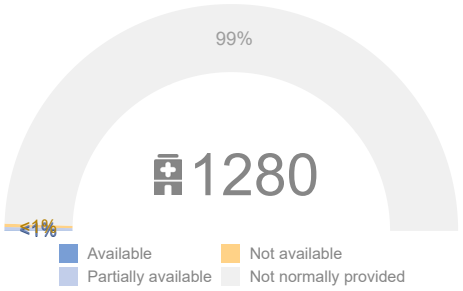
Service availability by DoH and by type of HF*



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

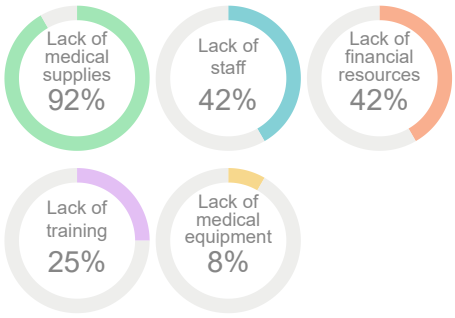
STABILIZATION CENTER FOR SAM

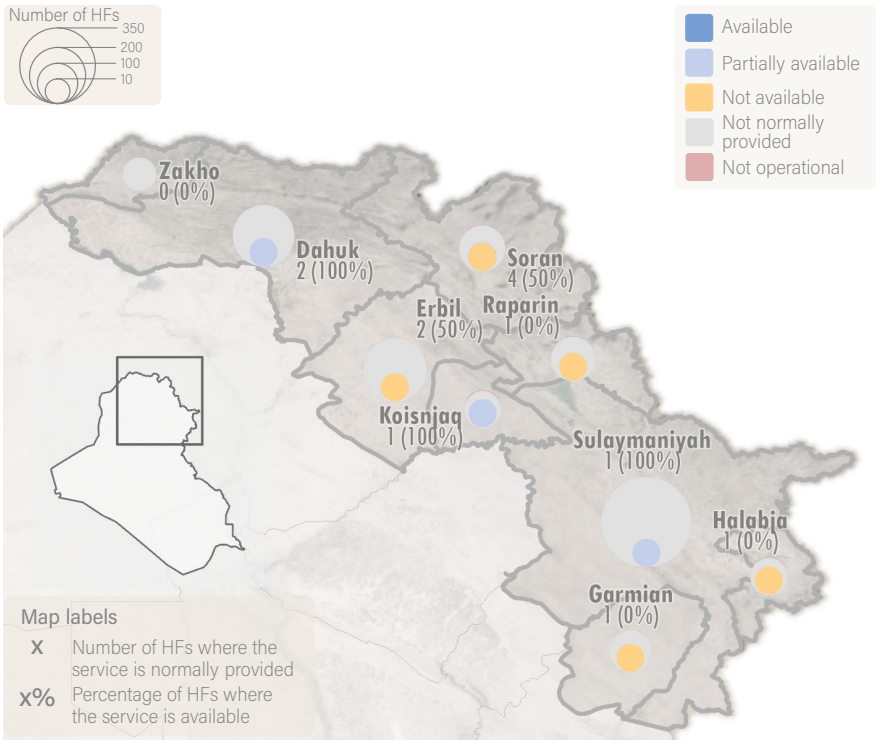
Overall service availability



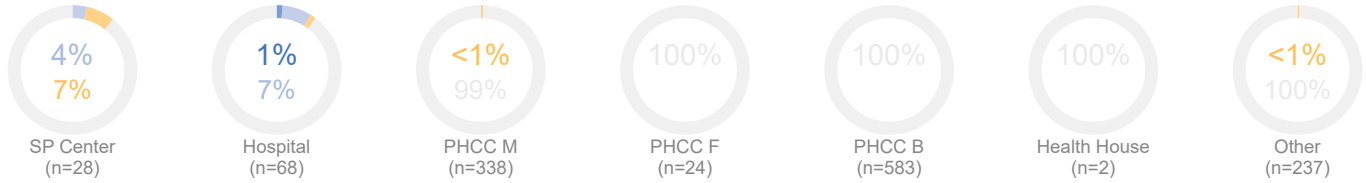
Main barriers impeding service delivery

n = 12



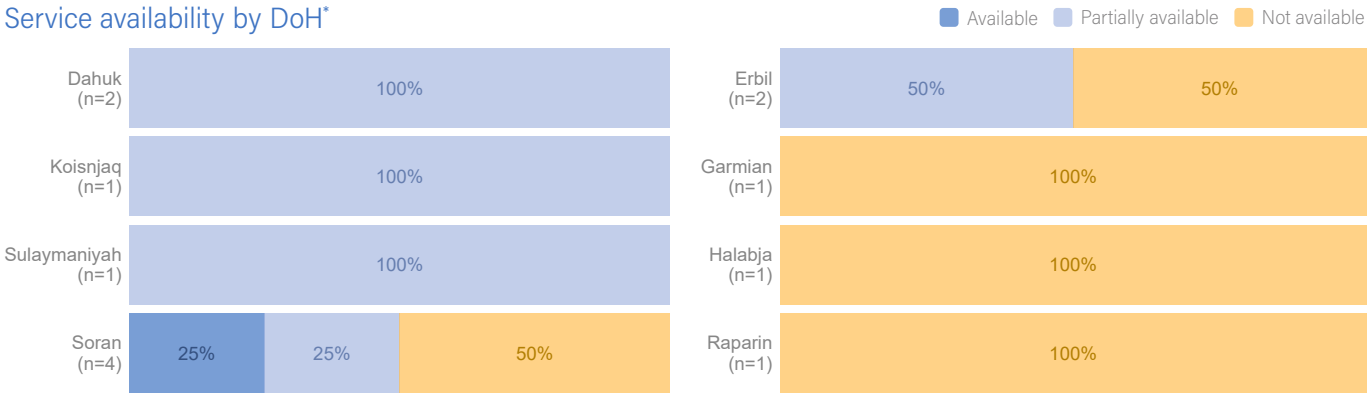


Service availability by type of HF



Main barriers impeding service delivery by DoH

Service availability by DoH*



Service availability by DoH 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					

Annex II: Population estimates

Governorate	Directorate of Health (DoH)	District	Population estimates
Dahuk			**1,432,369**
	Dahuk		1,241,819
		Dahuk	339,196
		Akre	204,464
		Amedi	76,769
		Bardarash	155,639
		Mangesh	331,261
		Shekhan	22,742
		Sumel	111,748
	Zakho		190,550
		Zakho	190,550
Erbil			**2,055,448**
	Erbil		1,848,396
		Dashte Hawler	382,818
		Erbil Center	922,642
		Khabat	189,082
		Shaqlawa	154,912
		Soran	198,942
	Koisanjaq		124,144
		Koisanjaq	124,144
	Soran		82,908
		Barzan	53,001
		Choman	29,907
Sulaymaniyah			**2,396,206**
	Garmian		299,100
		Garmian	299,100
	Halabja		108,620
		Halabja	108,620
	Raparin		410,200
		Pshdar	140,200
		Rania	270,000
	Sulaymaniyah		1,578,286
		Bazyan	75,500
		Chamchamal	228,100
		Darbandikhan	70,900
		Dokan	60,990
		Sharazoor	152,250
		Sharbazher	10,606
		Sulaymaniyah	901,010
		Zimnako	78,930
TOTAL			**5,884,023**