

**Maternal, Child and Reproductive
Health Strategy in Iraq
2005-2008**



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This strategy is the first necessary political step in fostering the health of Iraqi people to break the circle of ill health and poverty among women and children. It is now important to move forward and transform the strategic goals into effective interventions that reduce inequalities in access.

This document is a reflection of the true partnership under the leadership of Ministry of Health in Iraq between WHO, UNICEF, UNFPA, WFP and if it was not for the continued support and care of the Minister of Health His Excellency Dr Alaidin Alwan, this document would not be a reality.

The development of the strategy has ensured the involvement of several stakeholders through conducting a series of national seminars and workshops, professionals from both the central and governorate level and Non governmental organizations such as Iraqi family planning association and other women organizations were involved and all the supervisors and participants who labored to produce this document.

Abbreviation	Term
ANC	Ante-natal Care
ARIs	Acute Respiratory Infections
BCG	Bacillus Calmette Guerin
BF	Breast Feeding
BFHI	Baby Friendly Hospital Initiative
BOC	Basic Obstetric Care
CBAW	Child Bearing Age Women
CCCUs	Community Child Care Units
CSO	Central Statistical Organization
DPT	Diphtheria, Pertussis and Tetanus
DV	Domestic Violence
EOC	Emergency Obstetric Care
FP	Family Planning
HBV	Hepatitis B Vaccine
HIS	Health Information System
HIMS	Health Information Management System
HR	Human Resources
ICMMS	Infant, Child and Maternal Mortality Survey
IFPA	Iraqi Family Planning Association
IMR	Infant Mortality Rate
Ius	International Units
LAM	Lactational Amenorrhoea Method
MCH	Maternal and Child Health
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MMR	Mumps, Measles and Rubella
M & E	Monitoring and Evaluation
MoE	Ministry of Education
MoH	Ministry of Health
MoHE	Ministry of Higher Education
MoLSA	Ministry of Labour and Social Affairs
MoP	Ministry of Planning
MoY	Ministry of Youth
NGOs	Non Governmental Organizations
NRI	Nutrition Research Institute
PHC	Primary Health Care
PHCC	Primary Health Care Centre
PNC	Post-natal Care
RH	Reproductive Health
SCF	Save the Children Fund
S&E	Supplies and Equipment
STDs	Sexually Transmitted Diseases
SWOT	Strengths, Weaknesses, Opportunities, and Threats
TBAs	Traditional Birth Attendants
TOPV	Trivalent Oral Poliomyelitis vaccine
U5MR	Under Five Mortality Rate
UNDAF	United Nations Development Assistance Framework
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children Emergency Fund
WFP	World Food Program
WHO	World Health Organization



MCH and Reproductive Health Strategy in Iraq 2005-2008



1. Introduction

The purpose of this document is to provide strategic directions for policy makers, health care providers on the health of women and children in Iraq in order to act upon achieving the recommended plan of action in order to improve quality of life for women and children in specific, and the total population in general.

The strength of this document comes from the fact that the document was developed by Iraqi health planners, health care providers (Physicians, Nurses, midwives, pharmacists) and decision makers. Ministry of Health, Ministry of Higher Education, Iraqi non governmental organizations and International organizations also participated in series of consultations and national seminars in the development of document which has started with 7 days workshop in June 2-7, 2004 on "Maternal Child Health and Reproductive Health strategy". The workshop was organized by WHO in collaboration with MOH/UNICEF/ UNFPA.

The document is based on the needs of Iraqi people and the Millennium Development Goals (MDGs) and in accordance with the international and national directions in the area of Maternal and Child Health regulations, guidelines and current practices.

The 95 participants reviewed the following documents: The UN needs Assessment Survey, Vision for Iraq Health System, 2004, WH Assembly 2003 "Strategy for Child and Adolescence Health and Development", WH Assembly 2000 "Making Pregnancy Safer", Pan Arab Strategy for children and Ministry of Health Background Documents including Reproductive Health National Strategy.

Outcome of the workshop:

The MCH/RH Strategic Goals and MCH/RH Plan of Action for the Year 2005-2008 developed.

Guiding principle of the Strategy

The document is based on the following principles:

- Fair and equitable services
- Political commitment and accountability
- High quality
- Flexible, financially sound and sustainable
- Human rights (includes client privacy and confidentiality)
- Based on the needs of all the population
- Community participatory approach
- Ethical and cultural sensitivity
- Partnership with all sectors (public, private) including health professionals, politicians, NGOs, educators, researchers
- Continuity of care that is based on primary health care
- Founded in evidence-based practice
- Aims at highest level of client satisfaction and job satisfaction
- Investing in human capacity
- Informed choices

2. Background

2.1. Health Care System in Iraq

The Ministry of Health vision is summarized as "Provision of accessible, affordable, available, safe and comprehensive quality health services of the highest possible standard that is financially sound and founded on scientific principles in order to meet the present and future health needs of the Iraqi people regardless of their ethnicity, geographic origin, gender or religious affiliation.

Five areas have been identified as priorities for action for 2004-2007:

- Meeting urgent needs and improving services
- Strengthening management
- Developing and implementing a four- year plan for reconstruction
- Training and capacity building
- Mobilizing resources

Health Strategy in Iraq



The population of Iraq during 2002 was estimated to be 25,565,000 with an urban: rural of 67: 33. The proportion of infants to the population is 3.9%, that of the <5s is 16.9%. The health indicators for Iraq are as follows: Maternal mortality ratio is 294/100,000 live births, Child mortality rate (U5) is 131 per 1000 live birth, Infant mortality rate is 108 per 1000 live birth, neonatal mortality rate is 67 per 1000 live births, prevalence of low birth weight is 23.1%, underweight in U5s is 17.9%, wasting 7.1%, and stunting 28.5%. The total fertility rate for Iraqi women is 6% and contraceptive use is 32%. The estimated lifetime risk of maternal death for women in Iraq is 1 in 57. The literacy rate for Iraqi women is 74%. The proportion of maternal deaths taking place during the puerperium is (49%). The main causes of maternal deaths are bleeding (46.4%) followed by acute pulmonary embolism (11.9%), hypertension (8.3%), abortion complications (5.7%) sudden death and irreversible shock (2.3% each) sepsis and obstructed labor at (1.1% each). See Annex 1&2.

Prior to 1980, the health care system was based on a hospital-oriented, capital-intensive model of care that required large-scale imports of medicines, medical equipment, and even health workers. Although the system ran fairly well, little health service data, crucial to effective decision-making, was collected and the services provided only partially covered health needs of the population. To this day, the levels and distribution of available human resources for health is inadequate, particularly in the field of nursing.

Physical infrastructure has deteriorated as a result of over 20 years of under-investment and lack of maintenance, compounded by sanctions. The functional capacity of health care services was further weakened by the unpredictability of electricity and water supply, and the general insecurity that has created an extremely inhospitable working environment for all health personnel, particularly women. Management of the health sector is characterized by several critical weaknesses. There is no rational process of strategic planning and evidence based decision. The health information system is ineffective and available data are frequently contradictory or inaccurate.

Since the end of the conflict in April 2003 and the resumption of the functions of the MOH, the senior staff in the Ministry decided that it was time to review the health system with the aim of introducing possible constructive reform. The process started in August 2003 and is still on going. In the last months some progress has been achieved. Currently all 240 hospitals and more than 1,200 primary health care centers in Iraq are operating. Almost all public health programs have been re-established and national immunization programs have been organized.

Disease surveillance systems, screening programs for hepatitis B and HIV/AIDS and food safety measures have been restored.

The MOH started, with its partners, the process of drawing its new strategy in August 2003. Soon after the initiation of this process, nine working groups were formed to review the present situation (where we are), identify the future goals (where do we want to be) and the strategies (how to get there).

These nine groups were:

- Public Health
- Health Care Delivery
- Pharmaceuticals, Medical Equipment and Supplies
- Health Care Finance
- Health Information System
- Human Resources

- Education and Training
- Licensing and Credentialing
- Legislations and Regulations

2.2 The MOH Vision for public Health

The vision of MOH is to “establish a robust primary health care system centered on strengthening general practice in the short term and develop a family physician model in the long term” Therefore, this document describes a strategy for turning this document into reality it brings together the most critical areas of work for improving the health of women, children and adolescents. It provides a framework for planning, implementing, evaluating effective and efficient interventions. This approach requires the need to shift the health care system from hospital-based to PHC based system with focus on community outreach and community participation.

2.3 Maternal and child Health services

Maternal and Child Health / Reproductive Health services are provided by all levels of the service. At the primary level (PHC) the following services are provided:

- Antenatal care (ANC): The aim is to achieve at least five visits during pregnancy. During this period, a file is prepared for the mother in which information about her history, physical health and results of routine investigations are inserted. The mother is provided with Ferrous sulfate and Folic acid tablets during each visit, and she received two doses of tetanus toxoid if not previously vaccinated. Early detection of risk factors during pregnancy are detected and treated. If treatment is not available or not possible at the primary health care centre, the mother is referred to antenatal clinics in hospitals.
- Postnatal care (PNC): The aim is that the mother visits the PHC centers at least once during the 6 weeks following delivery. The mother receives physical examination, Ferrous sulfate tablets if anaemic, Vitamin A (200,000 IUs) and may receive counseling on breast-feeding and family planning. Complications of childbirth are detected and treated. If treatment is not available or not possible, the mother is referred to postnatal clinics in hospitals.
- Growth Monitoring of Under fives (U5s): Children under the age of five years are periodically weighed to monitor their growth. The routine immunization visits are utilized to monitor growth. Those whose weight is found to be less than 2 Z Scores are given high protein biscuits and those below 3 Z Score are referred to “Nutrition Rehabilitation Centers” in paediatric hospitals. This service usually starts during the first week of life when the neonate is brought to the PHC center for vaccination and examination.
- Management of acute respiratory infections (ARIs) and diarrhoea using the standard case management charts.
- Promotion of breast-feeding through health education.
- Immunization according to the National schedule (Annex 3)
- Curative services to mothers and children



- Twenty PHCCs in the country provide family planning services
- All the above-mentioned services apart from immunization are provided by hospitals through their outpatient clinics, which are utilized by many clients directly due to self-referral. Hospitals also provide delivery services and early postnatal and neonatal care. It is unfortunate that hospital's stay after delivery is very short. Women are discharged only few hours after delivery without having the chance to receive adequate early postnatal and neonatal care. Currently, there is no functional referral system in Iraq.
- Many private doctors and hospitals in the country provide the same services as the public sector but with much higher fees.
- Family planning services are provided mainly through (67) hospitals, but also through PHCCs (20), and public clinics (33). The most frequently utilized methods are the oral contraceptive pills, intrauterine devices and condoms.
- The same premises used for PHCCs in the morning working hours are used in the afternoon as public clinics. They provide maternal and childcare services to clients, except immunization.
- At the community level, CCCUs offer health education to the mothers (in some places) as well as weight monitoring to under-five children. Those who are found to be under-weight would be supplemented with high protein biscuits monthly.
- TBAs attend 18% of the total deliveries and 27% are attended by licensed endogenous midwives.
- There are no specific services offered currently to adolescents in Iraq.

2.4 Providers of Primary Health Care Services

- Institutions: MOH through hospitals, PHCCs, and public clinics, MOHE through the consultants in teaching hospitals, private sector through private hospitals and clinics, national NGOs (IFPA, HOPE and other Women groups and organizations linked to active political parties), international NGOs (CARE, SCF, MERLIN etc...)
- Consultant obstetricians and paediatricians work mainly in hospitals. Very few work in PHCCs, family physicians in three PHCCs, general practitioners in PHCCs, nurses and midwives, pharmacists, dentists, para-medicals, TBAs and volunteers at the community level.

The MCH services are planned at the central level of the MoH. The MCH unit in the MoH functions under the Directorate of PHC and Public Health. It is responsible for the planning, implementation, supervision and coordination of maternal and child Health services, in collaboration with the MCH units in the Directorates of Health at the governorate level. In turn, these units supervise the services at the peripheral level, health district and the health centre.

3. Strategic Directions for Child Health, Adolescent Health and Reproductive Health (2005-2008)

This document utilizes the Millennium Development Goals (MDGs) as guidelines and framework for the 2005-2008 strategy. The relevant MDGs to the current strategy are:

- **Millennium Goal 4:** Reduce child mortality:

- Target 5: Reduce by two-thirds, between 1990 and 2015, the under five mortality rate

Indicators for monitoring progress: Under-five mortality rate, infant mortality rate, proportion of under 1-year-old children immunized against measles.

- **Millennium Goal 5:** Improve maternal health:

- Target 6: reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio
- Indicators for monitoring progress: Maternal mortality ratio, proportion of births attended by a skilled birth attendant.

- **Millennium Goal 1:** Eradicate Extreme Poverty and Hunger.

- Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day.
- Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger.

Indicators for monitoring progress: Prevalence of underweight children under five years of age, proportion of population below minimum level of dietary energy Consumption.

- **Millennium Goal 3:** Promote Gender Equity and Empower Women.

- Target 4: eliminate gender disparity in primary and secondary education and at all levels of education no later than 2015.

3.1 Areas Requiring Interventions that ensure quality health services

- Newborn, Infant and Child health

- Improve quality of services for newborn and infants.
- Improve emergency care for newborn babies.
- Neonatal screening
- Implementation of Integrated management of Child Health strategy (IMCI)
- Strengthen health information system
- Hereditary diseases control (thalassemia)

- Adolescent health

- Promotion of health life styles
- Improve adolescents health

- Maternal health

- Improve quality of services and emergency obstetric care



- Clean and safe delivery for all by skilled birth attendants*
- Strengthening Monitoring System
- Improve family planning services

- Maternal and child nutrition
 - Health nutrition programs for women and children
 - Promotion and support of breast feeding for children under 2 years
 - Proper feeding practices for children under five

- Women's Health
 - Strengthening programs for early detection of Breast and cervical cancer
 - Improve Health Status of women

- Sexually transmitted diseases including (HIV/AIDS and RTI'S)

- Psychosocial development and mental health
 - Proper management of mental problems for children and women

- Prevention of injuries and violence directed at women and children
 - Health education on family violence and injuries
 - National policy and plan of action to reduce violence

- Education & human resource development

- Legislation and Policy development
 - Establish special polices for reproductive health, maternal and child Health

3.2 Strategic goals

- Reduction of maternal mortality with 5% of the 1995-1999 figures (294/100,000 live births) by 2006
- Reduction of newborn mortality with 10% of the 1995-1999 figures (67/1,000 live births) by 2006
- Reduction of infant mortality with 10% of the 1995-1999 figures (108/1,000 live births) by 2006
- Reduction of under-five mortality with 10% of the 1995-1999 figures (131/1,000 live births) by 2006
- Prevention of the (possible) further spread of HIV/AIDS/STDs
- Increase of infant and child immunization coverage rates to 90% and tetanus toxoid to CBAW to 80%
- Reduction of sever and moderate malnutrition among under-5 by half of 2002
- Reduction of Low Birth weight (less than 2.5 kg) to less than 10%
- Decrease of anaemia in women with 30% (from 2002 figures)
- Increase community awareness on proper feeding practices for women and children
- Legislations and Regulations to monitor service providers

*It is estimated that 50% of all births are home delivery, 18% of the total births are carried out by TBAs. Though it is well known today that the strategy of training TBAs is not effective for reducing Maternal mortality, the Iraqi MoH feel that the TBAs still have a role in reproductive health in Iraq and they need supervision, training and support in providing services for pregnant women. TBAs had to be linked to the primary health care centers for continuous supervision and can be serving as advocates for skilled care and to encourage women to seek care from skilled attendants

3.3 Strategic Directions (Key Result Area)

- Reformed health sector: reformed structure to ensure quality maternal and child health/reproductive health services
- Maternal and child health/reproductive health policies and legislations reviewed and updated, and reflect gender equality and geographic equality
- Priority areas for maternal and child health services, identified, updated and integrated in PHC existing services
- Reforming financial system for maternal and child health/reproductive health care
- Improved access of families especially women and children to primary health care and ensure an appropriate referral system
- Risk factors and health threats to mothers and children controlled and prevented
- Capacity building of infrastructure including medical supplies & equipment to ensure cover the needs of mothers and children ensured
- Human resources to deliver health quality services to mothers and children, planned developed and strengthened
- Health Information & Management System for maternal and child health/reproductive health data developed
- Governance policy and mechanism for private and public sector in the field of maternal and child health reproductive health established

3.4 Components of MCH/RH Strategy

The specific components of the MCH / RH that are critical to achieve the goals are:

• Maternal Health

- Skilled attendant at birth for all
- Community awareness of maternal health needs
- Improvement of health status of women
- Maternal morbidity and mortality surveillance system (Confidential enquiry system)
- Supervision of TBAs performance
- Improve health professionals performance
- Integrate RH service into the existing PHC services
- Develop appropriate strategic polices for RH including antenatal, postnatal, family planning and emergency obstetric care

• Newborn, Infant and Child Health

- Quality care of the newborn baby
- Integrated management of child health implemented (IMCI)
- Ensuring appropriate infant and young child feeding practices
- Skilled care for children aged 0-10 years
- Community awareness of child health needs with emphasis on awareness programme for prevention of malnutrition, low birth weight and stunting
- Action oriented newborn, infant and child death surveillance system
- Strengthening school health services



- Introducing early detection and management of hereditary diseases
- Strengthen growth monitoring of children of all ages
- Introduce genetic counseling services
- Implement outreach campaigns to increase immunization coverage

• Adolescent Health

- Quality care for adolescents aged 10-19
- Integration of adolescent health services in primary health care including RH services
- Community awareness of adolescent health needs
- Family integrated approaches in dealing with adolescents
- Promote healthy lifestyle practices for adolescents
- Sensitization programs for PHC/RH for adolescents

• Other Reproductive Health matters such as HIV/AIDS, STDs, and men's health, links to psychosocial health

- Reproductive health education for all, including health care providers
- Integration of HIV/AIDS STD's and RTIs information provision, prevention and treatment into all levels and sectors of the health system
- Investigation into and awareness of men's reproductive health needs
- Investigation into and awareness of links between reproductive health and mental health
- Encourage participation of men in RH services
- Strengthen surveillance system for sexually transmitted diseases

• Women's Health including menopause, reproductive tract and breast cancers, domestic violence

- Early detection and treatment system for reproductive tract a- Assess women's morbidity patterns including non reproductive health problems
- Community awareness of healthy life styles and women's health needs
- Reporting system for domestic and other violence against women
- Raise public awareness of family violence

• Family Planning

- Introduce modern /new technologies of family planning
- Increased awareness and use of acceptable family planning methods
- Community awareness of family planning and the advantages of child spacing
- Coordination between public and private sector to provide adequate family planning services and supplies
- Provide adequate services to infertile couples
- Encourage men participation in FP/RH services

• Community and Outreach services

- Increased number of PHCCs conducting outreach services
- Increased availability of mobile services
- Introduce the healthy villages concept
- Increased community involvement in reproductive health services
- Monitor TBAs performance in the community

• **Psychosocial Development and mental Health**

- Holistic care provided at all levels that incorporates psychosocial health of the individual, family and community
- Incorporate developmental needs
- Identify mental problems affecting women and children
- Integrate mental health approaches within primary health care services
- Develop therapeutic interventions appropriate for mental well-being of women and children

• **Prevention of violence and injuries**

- Formulation of guidelines and capacity building
- Ensuring database on prevention of violence and injuries
- Health education

• **Human Resources, Education and Policy Development**

- Planning of Human Resources (HR) needs
- Review all existing HR policies to bring in line with current HR needs
- Collaboration and coordination between Ministry of Health, Ministry of Higher Education and education institutes
- Inclusion of reproductive health in all basic and specific advances medical and paramedical curricula
- Continuing pre-service and in- service education
- Management System developed for maternal and child health/reproductive health data

• **Legislation and policy development**

- Establish special policy for reproductive health and maternal and child Health
- Laws and legislation for midwifery
- Provision of comprehensive family health services



4. Monitoring & Evaluation

A plan for assessing the strategic directions for strengthening MCH/RH services is critical to tracking implementation as well as monitoring its impact on MCH/RH development, health system performance, and health outcomes. It is also important to incorporate a system for financial tracking during the implementation of the work plan.

Continuous improvement in meeting the strategic directions for health of women and children results from information about what is being implemented.

Therefore documentation of the process and outcomes are essential for further planning, policy development and promotion in order to refine and deliver interventions that are targeting all sectors and geographic areas. Strategic objectives stated below in the area of MCH / RH are within the strategic objectives for the health system. It needs to be stated that the strategic objectives for MCH / RH are integrated within the health care system. Hence the core strategic objectives that will apply to all the components of MCH / RH are:

- Health policy
- HIMS for MCH / RH
- Human resources development
- Technical and logistic support



5. Challenges:

It is clear that Iraq faces enormous health challenges. No country in the region has experienced such a worsening in health status during the last two decades.

The time has come for Iraq to rebuild its health system. Great constraints and major problems face reconstruction but there are also great opportunities and goodwill of Iraqi people.

Main challenges:

A clear vision develops through good understanding of the current situation analysis of existing

problems, and adoption of sound appropriate and feasible strategies.

- The main challenge in promoting health of women and children and integrating RH services is the transformation of knowledge into action through the operationalization of such interventions
- Establishing safe and supportive environment by engaging individuals, families and communities
- Developing a system that is sustainable within the existing situation
- Informed human resources who are competent is a challenge to integrate new models that are based on primary health and RH care within a medically oriented system
- The lack of existing policies regarding empowerment of women and children which encourage independent interventions and health education.
- Education policies on training standards and numbers of trainers needed and integration between health services and health profession education
- Service provision policies on integration of primary health care principles into all levels of the system, provision of counseling to clients/patients at all levels of the system
- Health information system, including information to communities, users of services, service planners and managers and a health registration system (including near misses and deaths)
- Reconstruction of deteriorating infrastructure and improving the functioning of health system that integrates all levels of services, all providers and all communities
- Links between the health services and social and welfare services
- Partnerships between various actors at various levels of the health system
- Monitoring and evaluation for overall performance as well as client satisfaction
- Addressing the negative impact of poverty on accessibility to quality health care
- Improving the coordination between the public sector and the increasingly significant private sector and establishing effective systems for monitoring and auditing clinical



6. MCH/RH Strategic plan of Action

Implementation plan for the strategic upgrading of Mother & Child Health in IRAQ

Mother & Child Care section/ primary health care department/public health and PHC directorate 2005-2006

Decrease infants mortality and morbidity rate by 10%

Activities/ interventions	Expected outcome	Est. budget	Timetable	Executors
I. Improving the quality of services for newborn babies and infants.				
1. Rehabilitation of 19 newborn baby care units in each health directorate	Standard healthy new born care units in the main hospitals in the country	2,000,000	2004-2006	MOH, WHO, UNICEF, other Donors
2. Providing the necessary supplies & equipments for newborn care units (incubators, resuscitators, suckers, etc...)		2,000,000		
3. Establishing MCH committees in every H.D ,one of the function of this committee is the equitable distribution of man power, taking into consideration the remote and deprived regions in the governorates	Providing medical & health personnel at the PHC level according to the population density			
II. Improving emergency care of newborn babies				
1. Training of trainers; (25) pediatricians are trained outside the country on emergency newborn care & newborn resuscitation	25 Master trainers at the central level.	125,000	2005-2006	MOH, WHO, UNICEF, other Donors
2. (3) central training courses for the training teams at the H.D level on newborn care and resuscitation.	57 trained personnel at the health directorates level to carry out the training at the governorate level	15,000		
3. (38) peripheral training courses for the medical , nursing & health workers teams working in newborn baby care& emergency care	380 medical personnel and 380 nurses and health workers are trained on quality newborn care, emergency, and resuscitation of the newborn.	80,000		
III. Policies and guidelines				
1. (2) Workshops to agree on a national policy for health care of newborns, infants and the children.	Establish a clear national policy for children which is adopted by the government, organizations and civil community	100,000	2005-2006	MOH, WHO, UNICEF, other Donors
2. (2) workshops to put down guidelines for newborn care at the 3 levels of the health system including the private sector	Guidelines exist, printed and widely distributed to improve the health services for newborns	100,000		

<p>IV. Neonatal screening</p> <p>Application of a neonatal screening program as a pilot project in 6 governorates by opening a special laboratory in the central lab to carry out the laboratory procedures of the screening program.</p>	<p>Early diagnosis of hypothyroidism and inborn errors of metabolism</p>	<p>500,000</p>		
<p>V. Social mobilization</p> <p>1. Conducting (38) courses on emergency newborn care and recognizing danger signs for women's organizations.</p> <p>2. Preparing TV spots and radio messages about newborn babies care, recognizing danger signs and the importance of delivery in hospitals</p> <p>3. Establishing alliances between the health sector and women's organizations to preserve the lives of children</p>	<p>Increasing community awareness and participation in newborn care, recognizing danger signs and taking timely actions.</p> <p>Increase community awareness</p> <p>Decrease infant mortality & morbidity</p>	<p>100,000</p> <p>100,000</p> <p>50,000</p>	<p>2005-2006</p>	<p>MOH, MOHE, WHO, UNICEF</p> <p>MOH, WHO, UNICEF</p>
<p>VI. Establishing alliance with educational institutions to include special subjects on newborn care in the curricula</p> <p>1. conducting four workshops to introduce training on new born care into the curriculum.</p>		<p>20,000</p>	<p>2005-2006</p>	<p>MOH, MOHE, WHO, UNICEF</p>

Decrease under 5 children mortality rate by 10%

Activities/ interventions	Expected outcome	Est. budget	Timetable	Executors
<p>I. Polices and guidelines</p> <p>1. (2) workshops to establish national policy on children health with the participation of national and international experts</p> <p>2. One workshop to establish guideline for children care in health institutions by attending Iraq & foreign experts.</p>	<p>Establishing a clear national policy for children health adopted by the government, organizations and the community</p> <p>Guidelines for child health care</p>	<p>100,000</p> <p>50,000</p>	<p>2005-2006</p>	<p>MOH, WHO, UNICEF, other Donors</p>
<p>II. Improving Health Services for Children</p> <p>1. Rehabilitating (19) PHC centers.</p> <p>2. Supplying (19) centers with necessary supplies & equipments (sphygmomanometer, bilirubinometer, sonicaid, weight and height measure)</p>	<p>Friendly environment to present health services for children (rehabilitation of one center in each governorate.</p> <p>Providing the necessary supplies & equipments</p>	<p>2,000,000</p> <p>500,000</p>		<p>WHO, UNICEF</p>



3. Conducting (38) training courses on quality health services provided for children (2 courses for each governorate)	700 trained doctors and nurses on quality health services for children	80,000		MOH, DOH, WHO
III. Implementation of the integrated management of child health strategy (IMCI)				
1. Training of (300) health workers (doctors, nurses and pharmacists)	Integrated management of child health strategy implemented in the Pilot primary health care centers	20,000	2005-2006	WHO & Donors
IV. Strengthen Health Information System and the medical recording system concerning children health				
1. (2) workshops to establish guidelines for the information system and medical records system concerning children health by Iraqi and foreign experts	Improve information system about infant & children mortality & morbidity (printing and distribution of the guidelines)	100,000	2005-2006	MOH, WHO, UNICEF, Civil Community
2. Conducting (40) training courses for statisticians working in the government and private health sector and in teaching hospitals	Training of (800) doctors, nurses and statisticians all over the country on correct documentation, data collection & analysis, and health information	60,000		
3. Establishing alliance with the civil organizations especially women's to track children deaths taking place outside the health institutions and their reasons	Community participation in the monitoring activities	20,000		
4. Conducting studies & researches on the health services provided for infants & children	Information on the quality of health services provided for children	20,000		

Improve the health status of adolescents (9-18) years

Activities/ interventions	Expected outcome	Est. budget	Timetable	Executors
I. Polices and guidelines				
1. Formulation of a national committee to set a national policy on adolescent health	National policy for adolescents health exist	20,000	2005-2006	MOH, WHO, International Organization, Civil Organizations
2. Conducting (2) workshops to establish a national strategy & a plan of action to improve adolescents health	A strategy & plan of action responding to the adolescents health needs	10,000		
3. Conducting (38) training courses for doctors, nurses, and health workers on the provision of health services for adolescents	750 trained health professionals on providing quality health services for adolescents	100,000		MOH, DOH, WHO
4. Conducting (40) workshops for women groups and organizations & institutions on adolescent's health needs and for the promotion of healthy life styles including healthy dietary habits for the adolescent.	Community participation in responding to adolescent health needs & encouraging healthy life styles for adolescents	50,000		MOH, WHO, International Organization, Civil Organizations

Decrease maternal mortality by 5%

Activities/ interventions	Expected outcome	Est. budget	Timetable	Executors
I. Policies and guidelines				
1. Conducting (2) workshops to set policies for emergency obstetric care, essential obstetric care & family planning and mothers care by attending national and international experts.	Policies formulated and adopted at the national level	100,000	2005-2006	MOH, WHO, International Organization
2. Conducting (3) workshop to set the guidelines for emergency obstetric care at the primary, secondary and tertiary health care level.	1- Improve maternal health 2- Guidelines present to improve emergency obstetric care at all levels of the health system	60,000		
3. One workshop to set guidelines for blood supply in emergency obstetric in cooperation with the national blood transfusion center.	Blood available for emergency obstetric care	5,000	2005-2006	MOH, WHO, UNICEF, Civil Organization
4. Conducting (2) workshops to set guidelines for the pre, perinatal, and post natal maternal care at the three levels of the health services	Guidelines for pre, perinatal, and post natal, maternal care are available and distributed to all concerned parties	100,000		
II. Clean & safe delivery by skilled hands is available for all mothers				
1. Training of (25) trainers outside the country on the principles of obstetric care.	25 master trainers at the central level	125,000	2005-2006	WHO, UNICEF, UNFPA
2. Conducting (3) central courses for training of trainers in each health directorate	57 trainers (teams)at the governorates level	15,000		MOH, WHO, UNICEF, UNFPA
3. Conducting (40) training courses for obstetricians, nurses and skilled birth attendants on emergency obstetric care	800 trained personnel on emergency Obstetric care	100,000		MOH, DOH, WHO, UNICEF, UNFPA
4. Training of (20) medical & nursing staff on the essentials of counseling mothers and families	Master trainers in counseling mothers & families	200,000		WHO, UNICEF, UNFPA
5. Conducting (3) central courses to train medical and nursing teams on counseling mothers & families	(52) trained personnel (teams)at the governorate level on counseling principles and techniques	15,000		MOH, WHO, UNICEF
6. Conduct (20) training courses on counseling in each governorate in the country	(400) trained personnel on counseling at the governorates level	40,000		MOH, DOH, WHO, UNICEF
III. Strengthening Monitoring System for Maternal Mortality				
1. Conducting (3) central courses for statistician and directors working in hospitals on accurate records keeping and registration of maternal deaths	(50) trained personnel on accurate records keeping & registration, better documentation of maternal mortality and morbidity	15,000	2005-2006	MOH, WHO, UNICEF, UNFPA



2. Conducting (20) peripheral courses to train statisticians and administrators on accurate records keeping & registration of maternal morbidity and mortality	Accurate information on maternal mortality and morbidity	30,000		MOH, DOH, WHO, UNICEF
3. Conducting (3) central courses for obstetrician, pediatricians, resident doctors and nursing on the importance of accurate documentation ,records keeping, and registration	(57) trained doctors	15,000		MOH, WHO, UNICEF
4. Carry out a pilot study on confidential inquiry concerning mothers' mortality in six governorates.	Confidential inquiry implemented in six governorates and its results are published	50,000		MOH, WHO, UNICEF, UNFPA
IV. Improve family planning services				
1. Conducting a workshop to set guidelines for family planning services	Guidelines for family planning services are available and widely distributed	20,000	2005-2006	MOH, DOH, WHO, UNICEF
2. Conducting (20) workshops on community participation in family planning and reproductive health programs	400 trained community leaders (women associations) in reproductive health and family planning programs	50,000		MOH, DOH, WHO, UNICEF, Women's Organizations
V. Improve the health services provided for mothers				
1. Applying the referral system in 6 sectors of PHC with 6 hospitals as a pilot project	Referral system implemented in 6 sectors and results of the pilot project is published and discussed	60,000	2005-2006	MOH, DOH, WHO, UNICEF
2. Applying the mother friendly hospital. project in 20% of obstetric hospitals. and mother friendly health center in 10% of PHC centers	Mother friendly environment at primary and secondary care level	60,000		
3. Conducting (3) workshops for the application of confidential inquiry and reproductive health principles to incorporate these programs in the private sector.	Health programs (confidential inquiry and reproductive health) are implemented in 50% of private hospitals.	50,000		MOH, WHO, UNICEF
4. One workshop to set policy statement & guidelines for monitoring system in the private sector, & midwifery practices with participation of national and international experts	Policy & guidelines for monitoring system of midwifery in the private sector	10,000		MOH, WHO, UNICEF, UNFPA
5. At least (3) supervisory visit to the governorate by each member of the maternal & child care section in the Ministry of Health	Assessment of services and performance with feed back	50,000		MOH, DOH, WHO, UNICEF
6. At least (3) supervisory visits annually by the responsible person of mother and child health care unit at the health directorate to each health institution in his/ her governorates	Assessment of services and performance with feed back	25,000		MOH, DOH, WHO, UNICEF

<p>VI. Follow up & Evaluation</p> <p>One central workshop to agree on the guidelines, evaluation, and the performance assessment tools</p>	<p>Effective implementation of the strategy (including the printing, translation and distribution of the guidelines)</p>	<p>50,000</p>	<p>2005-2006</p>	<p>MOH MOH, WHO, UNICEF, UNFPA</p>
<p>VII. Improving Emergency Obstetrics Care</p> <p>1. Conducting (19) training courses for resident doctors working in delivery rooms & in emergency obstetric wards.</p> <p>2. Refreshing courses for practicing midwives</p> <p>3. Training courses for the traditional birth attendants</p> <p>4. One workshop to reach consensus on a unified work plan for the management of emergency obstetric cases</p> <p>5. (3) central courses for doctors on the use of partogram in the delivery rooms</p> <p>6. (22) peripheral courses for doctors and nurses on the use of partogram in delivery rooms</p>	<p>350 resident doctors trained in emergency obstetric care</p> <p>Decrease maternal mortality caused by practicing midwives and TBAS</p> <p>Unified work plan for upgrading the management of obstetric emergencies</p> <p>Partogram implemented in delivery room at maternity hospitals</p> <p>Training of 60 doctors and nurses on the use of partogram</p>	<p>80,000</p> <p>40,000</p> <p>10,000</p> <p>15,000</p> <p>50,000</p>	<p>2005-2006</p>	<p>MOH, DOH, WHO, UNICEF</p> <p>MOH, WHO, UNICEF, UNFPA</p> <p>MOH, WHO, UNICEF, UNFPA</p>
<p>VIII. Traditional birth attendants are linked to the health system</p> <p>1. Providing delivery kits, sterilizing materials to midwives and TBA</p> <p>2. One workshop to establish guidelines & tools for supervision and monitoring of midwives & TBA to decrease harmful practices.</p>	<p>Ensure clean delivery for mothers</p> <p>Guidelines for monitoring the performance of midwives and TBA</p>	<p>150,000</p> <p>20,000</p>	<p>2005-2006</p>	<p>MOH, WHO, UNICEF</p>
<p>IX. Development of accurate documentation & health information system for women & maternal health</p> <p>1. (3) central courses for statisticians to support the process of data collection, registration & health information system</p> <p>2. Encouraging & supporting studies & research work on maternal and child health</p>	<p>Health information system regarding women and maternal health improved</p> <p>Health information system regarding women and maternal health improved</p>	<p>15,000</p> <p>50,000</p>	<p>2005-2006</p>	<p>MOH, WHO, UNICEF, UNFPA</p>



Improving Children & Mothers Nutrition

Activities/ interventions	Expected outcome	Est. budget	Timetable	Executors
I. Policies and guidelines			2005-2006	MOH, WHO, UNICEF
1. Workshop to establish national policies regarding children & mothers nutrition by national and international expert	National policy for children nutrition & mothers is present	10,000		
2. Carry out a study on the knowledge, attitudes, and nutritional practices of children & mothers	Information exist about children & mothers nutrition	50,000		
3. Starting special programs for healthy nutrition to women and children especially for poor and deprived groups	Programs for mothers & children nutrition especially for deprived group are implemented	200,000		
4. Conduct 22 training courses for doctors & nurses working in children hospitals to support malnourished children & small for dates babies	400 trained personnel on children nutrition	40,000		
5. Activate supporting & promoting breast feeding by continuing training for doctors nurses & health workers on breast feeding management	Ensure good nutrition for newborn and babies	10,000		MOH, WHO, UNICEF, UNFPA
6. Continue follow up & evaluation process of the baby friendly hospitals in Iraq	80% of obstetric hospitals are baby friendly	20,000		

Women's Health in relation to early detection of breast, cervical cancer, osteoporosis & management of diabetes and hypertension

Activities/ interventions	Expected outcome	Est. budget	Timetable	Executors
I. Policies & services			2005-2006	MOH, WHO, UNICEF, Civil Organization
1. Workshop to set policies concerning women's health	Policies on women's health formulated, adopted printed and distributed to all concerned	100,000		
2. Carry out a study about women's morbidity & health needs	Documented situation of women's health	50,000		
3. Strengthening programs for the early detection of breast & cervical cancer, the management of osteoporosis diabetes and women's mental health in health institutions	1- Better management of chronic diseases affecting women 2- Early detection of breast and cervical cancer responding to C98 women's health needs	200,000		
II. Increase community awareness about women's & mothers health needs			2005-2006	MOH, DOH, WHO, UNICEF, Civil Organization
1. One workshop to evaluate community awareness of the mothers health needs	Active community participation in the activities of women health programs	20,000		

2. Health messages concerning mother & child health are broadcasted at least once weekly through the TV channels, radio and space channels	Increase community awareness and participation in women health activities	50,000		
3. Conducting at least one health education activity per week for women in health centers	Community awareness increased	40,000		
III. Improve the Health Status of Women			2005-2008	MOH, WHO, UNICEF
1. Conducting (40) peripheral training courses for doctors, nurses & health workers on the special indicators of women's health	800 medical, nursing & other health workers trained on indicators of women health	80,000		
2. Provision of medical and diagnostic equipments necessary for women's health	Early detection and management of women's illnesses	200,000		
3. (10) mobile clinics for management of maternal & child health problems providing preventive health services in remote places	Health services available for women and children especially in remote areas in (10) health directorates	350,000		

Controlling sexually transmitted diseases especially AIDS and RTI's

Activities/ interventions	Expected outcome	Est. budget	Timetable	Executors
I. Polices and guidelines			2005-2008	MOH, WHO, UNICEF, UNFPA
1. One workshop to establish national policy and guidelines for the management of sexually transmitted diseases especially aids by national & international experts	Guidelines produced and adopted to decrease the spread of S.T.D. especially AIDS	100,000		
2. One training course for trainers on counseling to S.T.D. affected persons and their families	20 master trainers on counseling	150,000		
3. (3) central courses for doctors & nurses on the principles of counseling patients & their families	60 trained doctors and nurses on the essential of counseling	20,000		
4. (19) peripheral courses for medical & nursing staff on the early detection and counseling patients with S.T.D and aids	350 trained doctors and nurses on counseling principles	40,000		
5. Providing supplies & equipments for early detection of S.T.D at the primary , secondary and tertiary health care level	Equipments necessary for the detection of STDS are available	200,000		MOH, WHO, UNICEF, UNFPA
6. (20) seminars for community leaders & youths on STD and AIDS	Increase community awareness about methods of transmission and prevention	30,000		
7. Production of IEC material posters and folders about STD especially AIDS and their prevention	Community aware about STD	50,000		



Promotion of good mental health for women & children

Activities/ interventions	Expected outcome	Est. budget	Timetable	Executors
I. Improvement of Mental Health Services Provided for Women and Children				
1. Establishing a committee to coordinate the work on women and children mental health	Mental health care concepts are incorporated in the primary and secondary health care levels in MCH services		2005-2008	MOH, WHO, UNICEF, UNFPA
2. (3) workshops to establish guideline for workers in primary & secondary health institutions on common mental health problems of women and children by national and international experts.	Guidelines on management of women and children mental problems	15,000		
3. One training course for trainers on mental care for children and women and the methods of counseling by international experts.	(20) master trainers on mental care for children & women	100,000		
4. Conduct (3) central courses for doctors & nurses on mental care provided for children & women and methods of counseling	(60) trained doctors at the health directorate level on mental health care of women and children	15,000		
5. Conducting (21) peripheral training courses for doctors & nurses working in PHC centers for the management of mental problems of children & women and methods of counseling	Primary mental health care is available for women & children at the PHC level	50,000		
6. Conduct epidemiological study on mental illnesses affecting women & children	Information about mental health problems of women and children are available	20,000		
7. Establishing (4) referral mental health clinics at PHC level for mental health problems affecting women children as a pilot project	Upgrading management of mental health problems affecting women and children	50,000		
II. Active mental health offices in the governorates & establishing similar offices in the Kurdistan region				
1. Establishing mental health office in Kurdistan region, & providing them with the necessary manpower	Early detection and management of mental problems in women & children	50,000	2005-2008	MOH, WHO, UNICEF
2. Conducting (3) training courses for medical & nursing staff working in mental health offices in Kurdistan region	(20) doctors and nurses trained on mental health care	15,000		
3. (42) introductory meetings for schools directors & teachers and community leaders on mental health services available at these offices	Increasing community awareness about these offices	50,000		MOH, DOH, WHO, UNICEF

Increasing the usage of family planning methods by 50%

Activities/ interventions	Expected outcome	Est. budget	Timetable	Executors
I. Policies and guidelines				
1. One workshop to establish policies and guidelines for family planning services by national and international experts.	Clear policies and guidelines are available in Arabic and Kurdish, and widely distributed.	50,000	2005-2008	MOH, WHO, UNICEF, UNFPA, Reproductive, Reproduction Health and Family Planning Society, Kimadia
2. Provision of family planning supplies & contraceptives in all PHC centers with family planning services	Family planning clinics are distributed in all governorates fairly & equitably.	200,000		
3. One training course on using different and modern contraceptive methods besides counseling	(15) master trainer on family planning and counseling	50,000		
4. Conduct 5 training courses for medical & nursing staff about the use of different and modern contraceptive methods besides counseling	(75) trained doctors & nurses at the governorate level	25,000		

Support health services for infertile couples

Activities/ interventions	Expected outcome	Est. budget	Timetable	Executors
1. Provision of necessary supplies & equipments for the diagnosis and management of infertility	Decrease the psychological & social burden on infertile couples	100,000	2005-2008	MOHE, MOH, WHO, UNICEF, UNFPA
2. Conducting a study on reasons of infertility in Iraq	Data base about the number of infertile couples and the reasons of infertility in Iraq	25,000		

Prevention of violence directed at women and children

Activities/ interventions	Expected outcome	Est. budget	Timetable	Executors
I. Formulation of Guidelines and capacity building				
1. Formulation of a national committee for the prevention of violence & establish a national policy and a plan of action to reduce violence directed at women and children	Policy & national program implemented for the prevention of violence & injury to wards women and children	20,000	2005-2006	MOH, DOH, WHO, Related Ministries, Civil Organizations
2. Nominating focal points in each health directorates	Focal points are available in each health directorate			
3. (3) central training courses for doctors & nurses in the governorate for counseling patients subjected to violence and their families	50 trained personnel on counseling victims of violence	50,000	2005	MOH, WHO, UNICEF, UNFPA
4. (3) workshops to establish special laws to deal with domestic violence and injuries affecting women & children.	Special laws for protection of women and children against violence & injury established	15,000		MOH, WHO, UNICEF, UNFPA



II. Ensuring data base on prevention of violence & injury			2005	MOH, WHO, UNICEF, UNFPA, Donors
1. Conducting a study on injuries and health problems resulted from violence	Obtaining data on violence in the community	20,000		
2. National survey on injuries and deaths resulted from violence in the private & governmental health institutions	Information about deaths caused by violence	30,000		
III. Health education about family violence & injury			2005-2006	MOH, WHO, UNICEF, UNFPA, Donors
1. (21) symposiums at the peripheral level to educate community leaders about family violence & injury	Increasing community awareness about methods of prevention of violence & injury inflicted on women and children	50,000		
2. Providing educational materials		20,000		
3. Broadcasting of healthy messages & TV spots through the different channels of mass media		50,000		
IV. (5) centers for the prevention of violence & injury as a pilot project			2005-2006	MOH, International Organizations, NGOs
1. Establishing 5 centers for the prevention of violence & injury in Baghdad, Mosul, Basrah, Wasit, and Erbil to manage cases of post traumatic stress syndrome	Specialized centers to deal with violence	1,000,000		
2. Training 4 teams from the personnel working at these centers outside the country	Trained teams are available in these centers for the management and counseling of victims	150,000		
3. Developing special programs for community support to the victims of violence	Community support to victims of violence	30,000		

Education & Human Resource Development

Activities/ interventions	Expected outcome	Est. budget	Timetable	Executors
I. Training needs for medical, nursing & health workers				
1. Conducting 22 training courses at the governorate level to medical & nursing staff on administrative skills	400 trainers trained on administrative skills	50,000	2005-2006	MOH, DOH, WHO, UNICEF, UNFPA
2. (10) training courses on medical ethics in regard of women & child health	200 doctors & nurses trained on medical ethics	30,000		
3. Conduct 20 training courses on communication skills	200 trained doctors and nurses on communication skills	60,000		

<p>II. Community leaders, women's organization, school teachers and skilled birth attendants</p> <p>1. Conduct (20) training courses for community leaders on maternal & child health care programs including high risk indicators</p> <p>2. Establish a committee from the mother and child care section/MoH, and curriculum development department/MOE to introduce mother & child care concepts in the curriculum of primary & secondary schools</p> <p>3. Conduct (21) courses to train & educate teachers about mother & child health issues and programs</p>	<p>400 community women leaders trained on maternal and child health care</p> <p>Students of primary & secondary schools are knowledgeable about mother and child health care concepts</p> <p>400 teachers trained on mother and child health programs</p>	<p>50,000</p> <p>20,000</p> <p>45,000</p>	<p>2005 - 2006</p>	<p>MOH, DOH, MOE, WHO, UNICEF, Community Organization</p> <p>MOH, WHO, UNICEF, UNFPA</p>
<p>III. Supporting the development of maternal and child health services at PHC Training Centers all over the country</p> <p>1. Supporting 19 PHC training centers (centers of excellence) in all governorates</p> <p>2. Providing training opportunities for training centers managers and training teams in the centers to visit similar training centers in the region</p>	<p>(19) training centers in all governorates providing quality care services for mothers and children & to train medical & nursing students on quality health care</p> <p>Improving the quality of training for medical & nursing collages students and technical institutes on maternal and child health care</p>	<p>100,000</p> <p>100,000</p>	<p>2005 - 2006</p>	<p>MOH, DOH, WHO, International Organization</p>
<p>IV. Equitable distribution of man power (medical, nursing)</p> <p>1. Establishing a committee from the public health directorate and financial department to put guidelines for an incentives system for doctors, nurses, midwives and other health workers working in remote and deprived areas</p>	<p>Equal sustainable distribution of Health workers in remote and deprived areas ensured</p>		<p>2005 - 2006</p>	<p>MOH</p>
<p>V. Preparing medical and nursing students to provide quality health care for mothers, children and reproductive health</p> <p>1. Establishing a committee from the MOH & MOHE to discuss the possibility of establishing a master courses for doctors and nurses on maternal & child health care</p> <p>2. (2) workshops to discuss giving high diploma in maternal & child health care</p> <p>3. (19) peripheral training courses for medical & nursing students on the implementation of guidelines, communication skills, health education and providing quality services to women & children</p>	<p>400 trained doctors & nurses to provide quality health services for mother & children</p>	<p>15,000</p> <p>60,000</p>	<p>2005 - 2006</p>	<p>MOH, MOHE, DOH, WHO, UNICEF</p>



<p>VI. Coordination with MOHE's medical, nursing pharmacy collages and other related ministers and sectors</p> <p>1. Follow up training of medical, nursing and pharmacy students on PHC training centers:</p> <p>2. Conduct 4 training courses to train the trainers in maternal and child health</p> <p>3. Conduct (10) workshops with the medical, nursing, dentistry and pharmacy collages on the introduction of mother & child health and reproductive health programs in the curriculum</p>	<p>Increase the graduated knowledge about mother & child care concept and reproductive health</p> <p>Master trainers at the primary health care training centers</p> <p>Mother and child health concepts are adopted in the curriculum of medical, nursing dentistry and pharmacy collages curriculum</p>	<p>20,000</p> <p>20,000</p> <p>60,000</p>	<p>2005- 2006</p>	<p>MOH, MOHE, WHO, UNICEF</p>
<p>VII. Developing health information system for maternal & child health</p> <p>4 central courses to develop the data base for: - human resources according to gender - morbidity - births & mortality - training needs</p>	<p>Data base exist for mother & child health and reproductive B173 health</p>			
<p>VIII. Developing women groups skills in maternal & child health</p> <p>1. Training of coordinators from women groups especially those living in remote and high risk areas to encourage healthy practices in the families and how to recognize and manage danger signs</p> <p>2. Applying the healthy house concept in far & risky regions</p>	<p>Families in the community follow healthy life styles and can recognize danger signs and take prompt actions for high risk cases</p>	<p>50,000</p>	<p>2004 - 2006</p>	<p>MOH</p> <p>Related ministries</p>

Policies & Laws

Activities/ interventions	Expected outcome	Est. budget	Timetable	Executors
<p>I. Establish special policies for reproductive health, maternal and child health</p> <p>1. A committee to set the national laws and policies for the protection of mother and child health, with national & international experts</p> <p>2. Reviewing the general health law and develop the section concerning women and children</p>	<p>Laws for protection of mothers and children exist</p> <p>Special section is added to the general health law concerning women & children</p>	<p>100,000</p>	<p>2005-2006</p>	<p>MOH, MOL, Ministry of Women, Ministry of Youth, Ministry of Media, MOHE, WHO, Civil Organizations</p>

<p>II. Laws and legislations for midwifery</p> <p>1. Establishing a committee for reviewing laws & legislation concerning midwifery profession</p> <p>2- 3 workshops for reviewing & development of legislations concerning midwifery in Iraq</p>	<p>Laws for protection of mothers and children</p> <p>Better midwifery services for the public</p>	<p>15,000</p>	<p>2005 - 2006</p>	<p>MOH, WHO, Concerned National Organizations, Civil Organizations</p>
<p>III. Decreasing mothers mortality & morbidity caused by abortion</p> <p>1. One workshop to review and update the existing laws of abortion</p>	<p>Decrease unsafe abortions</p>	<p>5000</p>	<p>2005</p>	<p>MOH, MOL, Ministry of Human Rights, Womens Organization</p>
<p>VI. Services structure for mother & child care and reproductive health</p> <p>Review the structure of mother & child care section in the MoH, to become more responsive to the health needs of women and children.</p>	<p>Ensure quality continuity of care for mother & child care</p>		<p>2005</p>	<p>MOH</p>
<p>V. Providing comprehensive family health services</p> <p>1. Addressing the MOHE about the possibility of increasing the number of students in family medicine branch</p> <p>2. Establishing (4) training centers for family medicine</p> <p>3. Training of (10) family medicine graduates doctors outside the country</p>	<p>Introducing family health services with in the primary health care settings</p>	<p>100,000</p> <p>100,000</p>	<p>2005 - 2006</p>	<p>MOH, MOHE, WHO, Donors</p>
<p>VI. Evaluation & Follow up</p> <p>1. (2) workshops to establish guidelines and assessment tools for performance evaluation, and follow up of the implementation of the plan</p> <p>2. Forming supervisory teams to evaluate the performance of health workers providing services for mother & children</p>	<p>Improve the performance of doctors, nurses and health workers</p>	<p>10.000</p> <p>100,000</p>	<p>2005</p>	<p>MOH, WHO, UNICEF</p>
<p>VII. Training fellowships</p> <p>Providing (100) fellowships for the workers in mother , child, and women health</p>	<p>50 doctors, 50 nurses and other health workers are trained on quality health services for mothers & children</p>	<p>200.000</p>	<p>2005</p>	<p>MOH, WHO, UNICEF</p>



Controlling hereditary diseases (Thalassaemia)

Activities/ interventions	Expected outcome	Est. budget	Timetable	Executors
I. Policies & Guidelines			2005 - 2008	MOH, WHO, UNICEF, Donor
1. (4) centers for genetic counseling (Thalassaemia) in 4 governorates as a pilot project	Controlling hereditary diseases (Thalassaemia)	40,000		
2. Introducing blood testing for couples to be married to detect carriers in the 4 above mentioned governorates		50,000		
3. Training of 4 doctors and 4 lab technicians on methods of diagnosis & counseling		20,000		
4. (4) central training courses to train doctors working in (thalassaemia centers on methods of diagnosis & counseling	80 trained doctors on genetic counseling	20,000		
5. (4) training courses to train workers in the laboratories linked to thalassaemia centers on methods of diagnosis	80 trained lab technicians on methods of diagnosis	20,000		
6. Conducting (20) seminars for community representatives on the control of hereditary diseases	Increase community awareness about hereditary diseases	50,000		
7. Providing necessary laboratories equipments and material for the diagnosis of hereditary diseases	Laboratories Tools for diagnosis of hereditary diseases provided	100,000		
8. Printing & distributing posters and booklets about the disease, type of inheritance, and methods of prevention	Increase community awareness	50,000		

Annex I

Some Health Indicators for Iraq, 2002

No.	Demographic Indicators	Value
1	Total Population Size	25,565,000
2	<1 Population Size (3.9% of the population)	947,000
3	<5 Population Size (16.9% of the population)	4,329,000
4	<15 Population Size	11,172,000
5	15-64 Population Size	13,660,000
6	>64 Population Size	731,000
7	Urban:rural	67:33
8	Child Bearing Age Woman	6,064
9	Crude Birth Rate/1,000 population	30
10	Crude Death Rate/1,000 population	8
11	Total Fertility rate	6
Health Indicators		
12	Infant Mortality Rate/1,000 live births	108
13	Neonatal Mortality Rate/1,000 live births	67.0
14	Under Five Mortality Rate/1,000 live births	131
15	Maternal Mortality Ratio/100,000 live births	294
16	Proportion of CBAW Deaths attributed to Maternal Causes	31.0
17	% Pregnancies at Risk	37.8
18	LBW % of all births	23.1
19	Underweight % of <5	17.9
20	Wasting % of <5	7.1
21	Stunting % of <5	28.5
22	Literacy Rate of women (% of all women)	74.0
23	Proportion of Infants Exclusively Breast Fed at 6 months	30.9
24	Proportion of Infants Breast Fed Until One year	58.6
25	Proportion of Infants Breast Fed Until Two Years	27.0
Health Service Indicators		
26	Physicians/10,000 population	7.0
27	Dentists/10,000 population	1.01
28	Pharmacists/10,000 population	0.7
29	Nurses/10,000 population	8.8
30	Primary Health Care Centers/10,000 population	0.4
31	Government Hospital Beds/10,000 population	12.7
32	Average Number of Nurses/Physician	3.8
33	% <1 fully immunized	60.7
34	Coverage by Antenatal Care (%)	77.6
35	No. of PHCCs with a delivery room	20
36	No. of PHCCs offering family planning services	20
37	Infertility Centers	4
38	Early Detection of Breast and Cervical cancer centers /clinics	4/16
39	Births attended by a skilled birth attendant (% of all births)	65.2
40	Births attended by TBA (% of all births)	24.2
41	Births not attended at all (% of all births)	10.6
42	Proportion of cases of diarrhea managed according to SCM guidelines	13.0
43	Proportion of cases of ARI managed according to SCM guidelines	7.0
44	Contraceptive Use	43.5%

* References: MICS Survey 2000, CSO/Iraq, MoH/Statistics Section, NRI/MoH/Iraq, UNICEF, ICMMS/Iraq 1999



Annex II

A. Causes of Maternal Deaths, Iraq 1999

Cause of Death	% of All Deaths
Bleeding	46.4
Acute Pulmonary Embolism	11.9
Hypertension	8.3
Abortion Complications	5.7
Sudden Death	2.3
Irreversible Shock	2.3
Sepsis	1.1
Obstructed Labour	1.1

*Source: Health facility Survey, MCH/section /MoH, 2003

B. Causes of Child Deaths in Iraq 1999

Cause of Death	% of All Deaths
Illnesses	88.5
Respiratory	49.7
Fever	39.2
Gastrointestinal	31.1
Congenital Malformations	13.0
Fits	11.3
Sudden Death	6.7
Accidents	4.6

* Source: ICMMS MOH, 1999

Annex III

Child Immunization Schedule

Age	Vaccine
First Week of life	BCG, OPV0, HBV1
End of second month of life	OPV1, DPT1, HBV2
End of fourth month of life	OPV2, DPT2
End of sixth month of life	OPV3, DPT3, HBV3
End of 9 th month of life	Measles vaccine
End of 15 th month of life	MMR
End of 18 th month of life	OPV, DPT first booster
4-6 years (school entry)	OPV, DPT second booster
12 year old females	Rubella vaccine



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