



PRIMARY HEALTH CARE PROJECT



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Guideline of Health and Basic Standards for IDPs and Refugees Health Services in Iraq

Guide for Health Workers,
Volunteers and Local Health
Committees



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This document was prepared by USAID/Primary Health Care Project in Iraq implemented by University Research Co. LLC based on revised Safer Project guideline in 2010 and technical inputs of IDPs Technical Working Group and Health Promotion Specialists and Advisors in Iraqi Ministry of Health.

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Background

The Internal Displacement Monitoring Centre (IDMC) estimates that there are at least 2,300,000 internally displaced Iraqis as of June 2014. Baghdad, by far the most populous governorate in Iraq, is also home to over 70,000 internally displaced persons (IDPs). Beginning in 2003, a large influx of displaced people moved in to the Al-Anbar Governorate. However, nearly a quarter of these IDPs have been pushed out of Al-Anbar and have relocated to Baghdad. ¹The current deterioration of the security environment in other governorates (e.g. Ninawa and Salah ad-Din) since June 2014 will continue to add additional burdens in the upcoming months. All these events have placed a great strain on the Governorate's public services - education, health care, and infrastructure

The Ministry of Health stresses the importance of community partnership and a strengthened role of local health committees and communities as active partners in the provision of comprehensive primary health care (PHC). There is growing awareness that community participation in PHC programs is an active and innovative manner of improving health status. Organized and aware communities can improve health indicators significantly, especially those related to immunization coverage, use of health water, maternal and child health, TB and communicable diseases control and promotion of all other healthy life styles.

From its inception, the USAID-funded Primary Health Care Project in Iraq (PHCPI) has been designed to strengthen the Iraqi health sector's capacity to benefit the population as a whole; increasing access to health coverage for key vulnerable populations such as children under five, pregnant women as well as IDPs. As part of these efforts, in 2012 PHCPI surveyed the largest IDP settlements in various regions of Iraq to gain a better understanding of the health-related needs of this population.

In 2012, the Primary Health Care Project in Iraq conducted a field survey on some of the displaced populations in collaboration with the Ministry of Health and the Ministry of Migration and Displacement. The intention was to take an overview of the requirements, health and social services for this population group. Based on the survey results, PHCPI has worked to increase IDPs' knowledge and access to quality reproductive and child health care services with the goal of reducing short- and long-term maternal and child morbidity and mortality (United Nations Millennium Development Goals 4 & 5). The next steps should include encouraging government agencies as well as ministries and individual organizations that work with the IDPs to strive to improve the health and environmental services provided so as to be on par with services provided to the other Iraqis.

According to the results obtained from the survey mentioned above, it appears that there is a rise in the rate of mortality and morbidity among these populations, especially among vulnerable groups such as mothers and children. Thus, this guideline has been developed to be a guide for the health workers, volunteers and local health committees during their work with the IDPs.

¹ IOM Iraq Report/ Governorate Profile: Baghdad, 2014

Preface

USAID's Primary Health Care Project in Iraq (PHCPI) seeks to improve primary health care (PHC) for all Iraqis with a focus on helping the Ministry of Health (MoH) achieve Millennium Development Goals (MDGs) 4 & 5, improving maternal health and decreasing child mortality. A key aspect to improved health is community participation. Involving the community in prioritizing health issues and finding sustainable solutions will improve the quality of care provided by primary health care centers (PHCCs). Over the past three years, PHCPI has focused on the importance of community participation and has actively included community members from both the PHCCs and within the community and has established 360 Local Health Committees (LHCs) throughout Iraq.

Basic Health Promotion Services are the process of enabling people to increase control over their health and their determinants, and thus leads to improved health. These services include highly effective activities that aim to prevent and reduce morbidity and mortality caused by communicable and non-communicable diseases as well as consequences of conflicts and events that could lead to the infections of so many people. Mortality rate can rise significantly during disasters, so the diagnosis of the most important causes of morbidity and mortality is important to plan for appropriate basic health services. This section of Health Work Chapter presents the basic health services standards classified into six sections: communicable disease control, child health, sexual and reproductive health, trauma, mental health, and non-communicable diseases.

Basic health promotion services index number 1: Sort health services by priority

People should get the health services sorted in a priority to address the main causes of the excessive increase in morbidity and mortality.

Basic measures

- Collect and analyze of information related to health problems to address the main causes of high mortality and morbidity rates in coordination with local health authorities.
- Identify vulnerable groups (such as women, children, the elderly and persons with disabilities, etc.) who may be at risk.
- Give priority to appropriate, effective and achievable health services and implement them in order to reduce the high rates of morbidity and mortality in coordination with local health authorities (see guidance note 1)
- Detect obstacles to access to priority health services and provide practical solutions to address them (see guidance note 2).
- Provide priority health services in coordination with all the fields and/or other humanitarian groups and common theme groups.

Basic indicators

- Current crude mortality rate should be maintained or reduced to less than twice the reference level before the disaster (see guidance note 3)
- Current under-5 child mortality rate should be maintained or reduced to less than twice the reference level before the disaster (see guidance note 3)

Guidance Notes

1. **Priority Health Services:** Basic health services that are effective in addressing the most important reasons for the sharp increase of mortality and morbidity rates. These services vary depending on the circumstances including the type of disaster and its impact. Basic health services should be based on evidence-based practices as much as possible and demonstrate its usefulness in the field of public health. When the mortality rate is reduced nearly to the base levels it will be possible to begin gradually providing a more comprehensive range of health services.
2. **Access to health services:** Access to health services should be based on the principles of fairness and impartiality, i.e. everyone should get them according to their needs without any discrimination. The health services sites and providers should be chosen in a way that ensures optimum benefit and coverage possible. Special needs of vulnerable people should also be taken into account when planning health services. Obstacles to access these services could be physical, financial or behavioral and/or cultural and communicational. The diagnosis of such obstacles and overcome them is essential to access priority health services.
3. **Crude mortality rate and under-5 mortality:** Daily crude mortality rate is the most useful health indicator to monitor and assess the seriousness of emergency cases. The doubled reference level of crude mortality rate reflects a crucial emergency case in the field of public health that requires an immediate response. And when the reference level is unknown or if there are doubts about it, health institutions should seek to maintain a crude mortality rate of less than 1 per 10,000 deaths per day.

The reference level of the under-5 mortality rate is more accurate than the crude mortality rate indicator. When the reference level of under-5 mortality rate is unknown or there are doubts about it, humanitarian organizations should seek to keep the rate below 2 per 10,000 deaths per day.

Prevention and control of communicable diseases

Morbidity and mortality rates tend to increase in the event of disasters. It was found that 60 to 90 percent of deaths in many conflict situations are attributed to one of the major communicable diseases, namely: measles, diarrhea, acute respiratory infections and endemic malaria. Malnutrition often leads to acute exacerbation of these diseases, especially among children under-5. Outbreaks of communicable diseases is rarely associated with sudden natural disasters; it is usually associated with risk factors such as displacement of the population, overcrowding, lack of adequate shelters, lack of sufficient quantities of drinking water and lack of proper sanitation.

Communicable Diseases prevention and control, standard number 1:

Communicable Diseases Prevention

People should receive information and services for the prevention of communicable diseases that significantly contribute to a sharp increase in morbidity and mortality rates.

- **General prevention measures:** Site planning includes appropriate planning and provision of safe drinking water, adequate sanitation and hygiene facilities, and vaccination against specific diseases, sufficient quantities of healthy foods, personal protection, vector control, social health education and community mobilization. Most of these operations should be organized in coordination with the project's other sectors including:
 - ✓ Shelter - provide a sufficient number of shelters separated by enough space, properly ventilated, protected from insects, far from stagnant water and close to the water and sanitation facilities.
 - ✓ Water, sanitation and hygiene - provide sufficient quantities of safe drinking water and proper sanitation facilities and the promotion of hygiene, environmental sanitation, and proper management of water and vector control.
 - ✓ Nutrition and food aid - appropriate food should be provided and malnutrition treated.
 - ✓ Health awareness and mobilization of community - formulate messages to ensure the effective implementation of prevention measures mentioned above.
- **Applying appropriate methods for vector control** for malaria, leishmaniasis and other diseases emerging from disease vectors according to the local epidemiological situation.
- **The application of measures for the prevention of particular diseases**, such as mass vaccination against measles and polio in accordance with instructions issued by the Ministry of Health.



Table 1: Health awareness and education messages for the prevention of communicable diseases

A. Prevention of diseases transmitted through droplets:

- ✓ Stay away from crowded places as much as possible.
- ✓ Do not spit on the ground.
- ✓ Avoid smoking.
- ✓ Eat more foods rich in vitamin C
- ✓ Avoid sneezing or coughing in others' faces, and refrain from the habit of kissing children.
- ✓ Provide adequate ventilation for closed places and use vacuum cleaners and not to spread dust.
- ✓ Stay away from sick people until they get well.
- ✓ Do not use non-personal tools.
- ✓ Get vaccinated against diseases to increase immunity and ability to resist diseases.

B. Prevention of diseases transmitted through contaminated food and drink:

- ✓ Make sure to drink from a safe drinking water source as water is the most important factor in the transmission of diseases such as cholera and typhoid.
- ✓ Healthy waste disposal.
- ✓ Do not freeze vegetables, especially those eaten raw, in dirty sewage water.
- ✓ Wash fresh fruits and vegetables thoroughly with water and soap or soak them for a while in water that contains chlorine solution, especially in times of epidemics before thoroughly washed with running water.
- ✓ Boil or pasteurize the milk before drinking.
- ✓ Keep cooked food in the refrigerator and don't leave it at room temperature for a long period before it is served so as not to lead to food poisoning.
- ✓ Fight flies and prevent them from contacting the food.
- ✓ Wash hands well with soap and water before eating and after using the bathroom.
- ✓ Make sure of the validity and safety of food.

C. Prevention of diseases transmitted through contact:

- ✓ Do not contact people infected with infectious skin diseases.
- ✓ Avoid illicit sexual relations (gonorrhoea - syphilis - AIDS).
- ✓ Do not use tools of the patient before washing and disinfecting them.



Communicable Diseases Control, standard number 2:

The diagnosis of communicable diseases and trauma management

People should get actual diagnosis and treatment of communicable diseases that significantly contribute to excessive increase in the preventable morbidity and mortality. significantly contribute to a sharp increase in morbidity and mortality rates.

Drafting letters to raise awareness in the field of public health to encourage people to seek care promptly in case of fever, cough, diarrhea, etc.

- The provision of health care in all primary health facilities based on the typical treatment plans for the management of disease cases or the integrated management of childhood illnesses where applied, and refer patients to specialist care with respect to complex diseases to minimize the communicable disease mortality through early and accurate diagnosis of the disease and provide appropriate treatment.
- Isolate patients, diagnose their illnesses and apply disease management rules to directly address some diseases such as pulmonary infections, malaria, diarrhea, measles, meningitis and malnutrition quickly, and train staff on applying the rules of treatment.
- TB control programs should only be applied after commitment to the recognized standards: The improper application of TB control programs would do more harm than good as it extends the period of infection, and contributes to the spread of micro-organisms resistant to multiple drugs. Despite the possibility to provide care for TB patients during disasters, there should not be a comprehensive program to combat tuberculosis unless done after agreement of the applicable standards. These standards include the determination of the program implementing party and its resources, ensuring the stability of the population for a period ranging from 12 to at least 15 months, and the possibility of the implementation of an appropriate and quality program. If implemented, TB control programs should be integrated with the national program. And it should also be committed to the strategy of short-term treatment under direct supervision.

Communicable Diseases control, standard number 3:

Outbreak detection and control

Be alert to potential disease outbreaks, detect and indicate the causes and control them quickly and effectively. contribute to excessive increase in the preventable morbidity and mortality. significantly contribute to a sharp increase in morbidity and mortality rates.

- Provide a written plan for the investigation and control of potential disease outbreaks, or formulate it at the beginning of the disaster response process.
- Health facilities should inform higher levels in the health system hierarchy of priority potential epidemics within 24 hours of detection.

- The coordinating party should investigate epidemic disease cases within 48 hours of being informed.

- Disease mortality rates should stay below the following levels:
 - ✓ Cholera - 1% or less
 - ✓ Bacillary dysentery- 1% or less
 - ✓ Typhoid - 1% or less
 - ✓ Meningococcal meningitis - 5% ~ 15%
 - ✓ Malaria - depending on the circumstances, it is advisable to target less than 5% of patients who suffer from severe malaria
 - ✓ Measles - 2% ~ 21% were reported in areas of conflicts, less than 5% should be targeted

Child Health

Morbidity and mortality rates among children are particularly high during emergencies. Addressing their specific health needs requires organizing relief operations that focus on children's needs. Child health operations should include those processes that address the main causes of increased morbidity and mortality, including acute respiratory infections, diarrhea, measles, malnutrition, and antenatal reasons.

Child health, standard number 1:

Avoid infection of vaccination-preventable diseases

All children between 6 months and 15 years should be vaccinated against measles, all children under-5 should be included in polio vaccination campaigns and they should receive periodic services for EPI whenever the situation stabilizes. contribute to excessive increase in the preventable morbidity and mortality. significantly contribute to a sharp increase in morbidity and mortality rates.

- Estimate the number of children between the ages of 9 months and 15 years who received a measles vaccine at the beginning of the disaster response process to determine the likelihood of an outbreak of the disease.
- Start an extensive vaccination campaign against measles for children between the ages of 6 months and 15 years and give doses of vitamin A for children between 6 and 59 months.
- Ensure that all infants who had been vaccinated at the age between 6 and 9 months receive a second dose of measles vaccine at age 15 months.
- Ensure that all displaced children under the age of 5 years are covered in the vaccination campaigns against polio.
- Return to the implementation of EPI as soon as circumstances permit to vaccinate children against measles and other diseases listed in the National Table (e.g. tetanus, pertussis) that are vaccine preventable.

Child health, standard number 2:

Management of infant and young child illnesses

As a priority, children should receive health services planned to address the most important causes of ill infants and young children and their death. under-5 should be included in polio vaccination campaigns and they should receive periodic services for EPI whenever the situation stabilizes. contribute to excessive increase in the preventable morbidity and mortality. significantly contribute to a sharp increase in morbidity and mortality rates.

- **Neonatal care** it is advisable that each newborn receives care by qualified staff at birth (preferably in a health facility), to be protected from cold and fed with exclusive breastfeeding. Each newborn

should be checked to detect any potential problem, particularly for problems related to feeding. Newborns should also be checked to diagnose the likelihood of blood poisoning or localized infections.

- **Integrated Management of Childhood Illness:** Integrated Management of Childhood Illness is an integrated approach to address childhood diseases focusing on the provision of primary health care for children under five years of age. In emergency cases, it is advisable to be integrated into the unified rules of treatment and to provide health workers with appropriate training.
- **Diarrhea Case Management:** Children with diarrhea should be treated with oral rehydration solutions and given a dose of zinc supplement to reduce the duration of diarrhea or then inject with fluids intravenously when necessary.
- **Pneumonia Case Management:** Children who cough should be checked for rapid and/or shortness of breath and concavity of the lower part of the chest. Children who suffer from rapid and/or shortness of breath should receive appropriate oral antibiotics and those who suffer from concavity of the lower part of the chest are to be referred to the hospital.
- **Health awareness messages** explaining methods of home care and encouraging seeking immediate care for ill infants (fever, cough, diarrhea, etc.) should be formulated.

Table 2: Health awareness and education messages for diarrhea

- A child with diarrhea should be closely monitored to detect signs of dehydration, which include: Sunken eyes, extreme thirst and slow skin rebound to its natural position after caught.
- Diarrhea usually improves within a few days; however, the real danger is losing water and salt, extremely important needs for the body's natural functions.
- If signs of dehydration appear on the child, he/she should be immediately referred to the nearest PHC clinic. Additionally, home treatment should be initiated to compensate for lost fluids until appropriate medical assistance is available. The best home treatment is to prepare oral rehydration solution (ORS). This is very important and can save the child's life.
- Start giving the child the ORS as soon as diarrhea occurs, and be sure every family with young children keeps ORS readily available.
- A child is to be quickly referred to the nearest PHC clinic when noticing the following signs:
 - ✓ The presence of blood in the stool;
 - ✓ Vomiting;
 - ✓ Sunken eyes;
 - ✓ Lethargy or loss of consciousness;
 - ✓ Inability to eat or drink.

- Continue to give fluids to the child with arrangements to seek medical care. The child must keep drinking until the diarrhea stops. If vomiting occurs, wait 10 minutes and resume fluids.
- Do not give any antibiotic tablets or any other medicines to the child to stop diarrhea.

Table 3: How to prepare oral rehydration solution:

- If the child is six months or more, in addition to breast milk, he/she can be given pure water processed with chlorine in addition to ORS.
- If ORS is available, make sure of the water's safety by boiling then cooling it prior to the preparation of the solution, and add one package of ORS to four 250 cc cups of water and mix well before use.
- Do not add sugar because the solution contains sugar. Use the correct amount of water because small amounts of water will lead to a worsening of the diarrhea.
- Do not boil the water after adding the ORS.
- The ratio is 27.5 grams of solution for four cups of water (i.e. approximately one liter).
- Do not add ORS to milk, soup, fruit juice or soft drinks.
- Mix well and give the solution to the child using a clean cup, do not use a bottle to administer the solution.
- Do not keep any solution prepared more than 24 hours ago; always use a newly prepared solution.
- Encourage the child to drink the solution whenever possible. The following amounts of solution are recommended:
 - ✓ Under-2 years old: A quarter to half a cup of the solution after each soft stool (250 cc cup).
 - ✓ Aged 2 - 9 years: Half a cup to a full cup after each soft stool.
 - ✓ Above 10 years and adults: Drink it whenever wanted/needed.



١ . ان الرضاعة الطبيعية هي الافضل لطفلك
 ٢ . ان اللقاح الخاص سيجنب طفلك الاسهال
 ٣ . في حالة اصابة اطفالكم بالاسهال، سارعوا لنقلهم الى المركز الصحي من اجل العلاج.

3. If your child is infected with diarrhea, take them to the PHC clinic as soon as possible to get the proper treatment or it can be treated at home according to

Child health, standard number 3:

The basics of feeding infants and young children

Nutrition should be given priority as it is an influential factor in strengthening the body's immunity and reducing morbidity and mortality rates. Vaccination campaigns and they should receive periodic services for EPI whenever the situation stabilizes. Contribute to excessive increase in the preventable morbidity and mortality. Significantly contribute to a sharp increase in morbidity and mortality rates.

- **Exclusive breastfeeding:** Exclusive breastfeeding means giving the baby only breast milk during the first six months and no other liquids or solid foods during this period, including water. The mother's milk is safe, it is a clean source of energy, nutrients and fluids, and it contains vitamins that protect children from diarrhea and other infectious diseases. There is no substitution that is as nutritious, free of germs, contains antibiotics and is easy to digest. It also contains all of the water needed for the baby; there is no need for any additional fluids. You should not restrict or limit breastfeeding during the first six months of age. Infants must be offered the breast day and night and whenever he/she wants. This includes giving the baby the milk extracted from the mother's breast in a cup if she is far from her baby.
- **Supplementary nutrition and continued breastfeeding:** Breastfeeding should continue until the child reaches the age of two years. However, the child needs supplementary feeding in addition to breast milk during the age of 6 to 24 months to grow up healthy. This is the period in which the risk of diarrhea and other infectious diseases increases and the child needs proper nutrition. Supplementary feeding includes a mixture of breast milk and complementary foods such as mashed vegetables, small pieces of meat, eggs, fish, grains, legumes, and fruits, taking into account the hygiene in the preparation as well as washing hands and the dishes before feeding the baby. It is important to remember the following points:
 - ✓ Children's stomachs are smaller than adults', so children cannot eat an equal amount of food at each meal.

Table 4: Indicators of the need for immediate referral to health facilities for children with acute respiratory infections:

- The child is breathing faster than usual;
- Difficulty in breathing or gasping for breath
- Cough lasts more than two weeks;
- The child is unable to breast-feed or drinking;
- Vomiting every intake;
- There was a fever in addition to cough.
- If the bottom part of the child's chest is drawn to the inside when air enters with the child's breathing (inhale).

- ✓ It is necessary to meet children's requirements for energy and foods that build the body; therefore meals must be served to the children often so they can meet their nutritional needs.
 - ✓ If food was made for the whole family in one pot, young children may not be able to get enough to eat, so they should be provided with food for young children in a vase or their special dish to make sure they get what they need, and so the parents can note the amount of what their young children eat.
 - ✓ Nutritional problems can happen for children within a few days of not getting the proper food.
 - ✓ Mothers should encourage their children by smiling, embracing them and encouraging them with incentives to eat more at every meal.
 - ✓ Forced feeding such as pouring liquids or pushing the food in the child's mouth may cause danger and must be refrained from.
 - ✓ Young girls need the same amount and quality of food that young boys need, there should not be any discrimination.
- **Malnutrition Childcare:** Childhood illnesses such as diarrhea, pneumonia, measles, malaria and fever weaken the child and lead to loss of appetite and eating less food. If that happens several times a year, the child's growth will slow down and stop. It is important to investigate and search for child malnutrition signs. If these signs are found in a child, he/she must be referred quickly to the PHC clinic as malnutrition is a medical emergency.

A child who is suffering from malnutrition seems very thin and his/her body lacks fat and muscles with visible ribs. If the child is infected with edema (swelling of both feet), press gently on the topside of each foot for a few seconds to make sure that the swelling is a result of gathering fluid. If you noticed a low-hole where you pressed that remains after you lift your thumb, this confirms that the child is suffering from edema.

It is necessary to encourage sick children to eat. And it is important to consider giving them the foods they love. They should be given small amounts of food at a time, but as often as possible. More breastfeeding is absolutely necessary and without these adequate food additives, many children infected with common childhood illnesses could be exposed to death, disability or malnutrition diseases.

Care of Pregnant Women:

The percentage of pregnant women among distressed populations (IDPs) is estimated at 4%, it is likely that 15% of them may suffer unexpected complications during pregnancy or delivery that requires urgent care. 5-15% of women may need surgery, including caesarian sections. Each pregnancy requires appropriate care, women, families and societies should know the requirements of pregnant women and the appropriate level of care required, including correct nutrition, rest, hygiene and being aware of pregnancy danger signs.

Pregnant women indicator no. 1:

Care of pregnant mothers

Women, families and societies should know the requirements of pregnant women and the appropriate level of care required, including correct nutrition, rest, hygiene and being aware of pregnancy danger signs and they should receive periodic services for EPI whenever the situation stabilizes. contribute to excessive increase in the preventable morbidity and mortality. significantly contribute to a sharp increase in morbidity and mortality rates.

Fundamentals of Doctor visit during pregnancy:

Health care needs to be provided to pregnant women by trained supervisors that contribute to the safe delivery of healthy children through:

- 1- Following-up progress of the pregnancy to identify issues early so that the women can visit the health institute for periodic follow-ups during pregnancy.
- 2- To identify complications including hypertension, anemia, bleeding, bad delivery, and multiple pregnancies. These complications can threaten the mother and child.
- 3- Guidance about healthy nutrition.
- 4- Performing tests for anemia and regularly providing Iron and Folic Acid tonics.
- 5- Delivering two injections, four weeks apart to protect the mother and her child from tetanus.
- 6- Performing tests to discover infection during pregnancy, especially urinary tract infection and STDs with referral or treatment with antibiotics.
- 7- Awareness and test for HIV/AIDS.
- 8- Test for syphilis
- 9- Treating intestinal worms.
- 10- Assess the female genital organ malformation, in areas where this practice is common (female genital mutilation)
- 11- Support the mother and her family to prepare a delivery and emergency plan.
- 12- Instruction about self-care at home including nutrition, safe sex, rest, pacing of deliveries and breastfeeding.

Table 5: basic standards for self-care during pregnancy:

Pregnancy represents a special stage in the life of a wife and husband, members of the local health committee and health volunteers need to discuss with the pregnant woman and her family the required level of care at home, including:

- 1- The best available nutrition. Pregnant woman must be encouraged to have healthy food including fruit, green leaf vegetables, beans, meat, fish, eggs, cheese and milk.
- 2- The need to take iron and folic acid tablets daily to prevent or treat anemia.
- 3- All pregnant women need more rest than usual during pregnancy, and must avoid lifting heavy objects.
- 4- Pregnant women need to use insect nets managed with insecticides in areas where malaria is common.
- 5- Pregnant women can cause harm to themselves or their baby if they:
 - a- Smoke or live with others who smoke, or expose themselves to the smoke of cooking, fire or other chemical poisons.
 - b- Alcohol and drugs are harmful for the mother and child.
 - c- Taking any medication without the advice of a trained health care provider.

Nutrition of pregnant and breastfeeding mothers:

- The dietary requirements of the mother increase during pregnancy and breastfeeding, it is important for the woman to eat additional quantities of food during this period. Since insufficient or inappropriate nutrition of the mother can cause physical weakness and impaired mental growth of the fetus and poses danger on the fetus during pregnancy and labor.
- Members of the family like the husband and mother-in-law must be encouraged to help convince mothers to eat sufficient quantities of nutritious foods especially during pregnancy and after labor. The pregnant woman's diet should contain milk, meat, eggs, green leaf vegetables, beans, lentils and fruit.
- After delivery the mother should be encouraged about pregnancy spacing to enable breastfeeding and rebuild their bodies and replace their store of nutrient in preparation for a new delivery in the future.
- Make sure pregnant mothers are choosing the appropriate contraceptive methods for pregnancy spacing, after receiving advice from the health workers, and that young pregnant and breast feeding women and do strenuous activities should have high energy food.
- Pregnant women need special care during pregnancy and labor, it is important to look for the following sign among them: height less than 145 cm or body weight less than 45 Kg.
- An increase the pregnant mothers weight less than 1.5 Kg/ month starting from the fourth month to the seventh of pregnancy or total increase of 10 kg during the whole duration of pregnancy.

Vaccination of pregnant mothers:

- All pregnant mothers should be vaccinated against tetanus, when the mother gives birth in unhealthy circumstances both she and her baby will be at risk of acquiring tetanus, a major killer of newborn babies. Unvaccinated pregnant women are also at risk for tetanus.
- Tetanus bacteria grow in wounds, especially contaminated ones, or when the umbilical cord is cut with a dirty knife or any other instrument containing tetanus. This is why new blades or instruments must be used to cut the umbilical cord.
- If pregnant women are properly vaccinated with five spaced doses of tetanus toxoid according to the table below, she will have lifelong protection from tetanus. It also provides protection for the newborn especially during the first few weeks of life until the end of the second month. The end of the second month is when he/she is vaccinated with the first dose of tetanus vaccine as part of DTP or other combination vaccines.
- Vaccinating the mother with two doses of TT at least four months apart provides protection during the whole period of pregnancy, then the mother should be vaccinated with the third dose as soon as possible after delivery followed by two doses one year apart.

Table: 6 pregnant women vaccination schedule

Dose	Timing
First dose	At fourth month of pregnancy
Second dose	One month after the first dose
Third dose	Six months after the second dose
Fourth dose	One year after the second dose
Fifth dose	One year after the fourth dose

Urgent delivery and neonatal care services:

To avoid sickness or death of mother during delivery, skilled birth attendants must attend the delivery at all the PHC institutes in addition to basic urgent delivery services.

Referral systems must include referring the mother and child to the specialized services and availability of transportation methods to and from the PHC institute that provide basic urgent health services for delivery and neonatal care and to a hospital that contains comprehensive health services for delivery and neonatal care.

Table 8: Danger signs during pregnancy and delivery that require immediate transport to the hospital:

A- During pregnancy:

- Vaginal bleeding
- Fit
- Severe and continuous headache.
- Blurred vision
- Severe lower abdominal pain
- Rapid or short breathing
- Fever more than 38.5° C and severe fatigue.
- Abdominal pain.
- Leaking liqueur and no onset of travail in 6 hours
- Malaise
- Abnormal swelling in the face, fingers and legs.

B- During delivery:

- Leaking liqueur and no onset of travail in 6 hours
- Continuous labor pain (contractions) for more than 12 hours.
- Sever PPH
- Inability to extract the placenta for more than one hour after delivery.
 - If the newborn has any of the signs below he/she must be immediately transported to the hospital or PHCC
 - Very small size.
 - Difficulty of breathing
 - Fever
 - The baby's body is cold
 - Bleeding
 - Unable to breastfeed
 - Cyanosis



Trauma:

Trauma associated with physical violence can be linked to complicated emergency situations.

In conflicts for example, all the deaths resulting from trauma are recorded in unsafe areas away from health facilities, and cannot be avoided by health care. So it is required to organize activities aimed towards the protection of civilians against these deaths.

Basic health services: Trauma indicator no. 1:

Treating trauma

People need to receive effective care to treat trauma during conflicts, and accidents to protect against diseases, deaths and disabilities that can be avoided.

Sorting: is the process of classifying patients into categories according to the severity of their diseases and illness and organize treatment priorities according to the available resources and the patient's chance of survival. There is no universal sorting system for trauma patients, rather there are a number of systems followed all over the world. The most common system is the four color method: red refers to the top priority, yellow is moderate, green refers to outpatients, and black refers to death.

First aid and basic medical care: the vital procedures involve restoring and maintaining breathing function that includes clearing and protecting the airways from obstacles, stopping bleeding, and providing IV fluids when necessary. These measures can help stabilize the condition of patients with life threatening injuries before referring them to a specialized center, and can significantly influence the chance of survival for patients with severe injuries. There are no less important non-surgical procedures like cleaning and dressing wounds, providing antibiotics, and prophylaxis against tetanus.

Wound dressing: in most emergencies, patients seek care after more than six hours of injury. Delay in requesting medical care significantly increases the risk of avoidable wound infection and death. It is important for local workers and volunteers in health care field be aware of the rules to avoid and manage wound infection, this include closing the wound, and removing foreign bodies and dead tissues.

Rehabilitation of injured after surgery: speeding rehabilitation can remarkably increase the chance of survival and improve the quality of life for the survivor of injuries. Patients who need special equipment (like prosthetic limbs or walking aids) will also need physical rehabilitation, establishing partnerships with community-based rehabilitation programs, whenever available, can improve the care of trauma survivors and their rehabilitation after surgery.

Non- communicable diseases:

The rising age of the population, and increased life expectancy have changed the form of common diseases, turning them from infectious diseases to Non-communicable diseases in many countries, including low- and middle-income countries. Thus, Non-communicable diseases is getting great importance as a major problem of public health problems at times of disaster. The increasing Health problems due to the worsening of chronic health condition became one of the common features in many of the disasters.

Non Communicable Diseases indicator No. 1:

Non Communicable Diseases

People should receive the types of essential treatment to reduce morbidity and mortality resulting from serious complications, or exacerbation of their chronic illness.

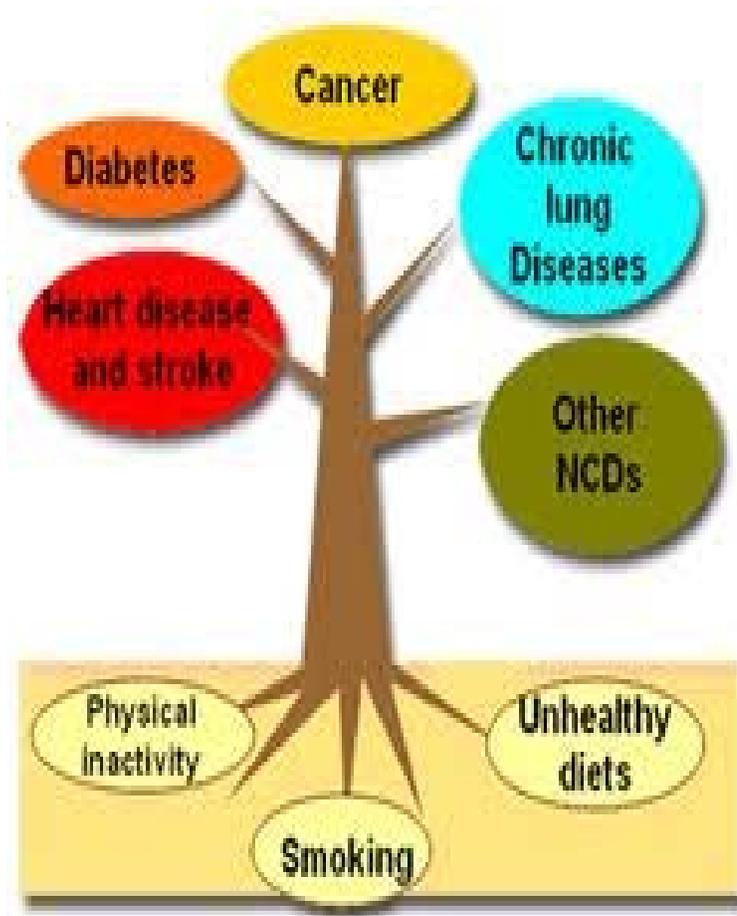
Non communicable diseases: These diseases include heart disease, stroke, hypertension, renal failure, chronic bronchitis and asthma, and dialysis for chronic renal failure, and insulin dependent diabetes (IDDM), epilepsy, and HIV.

During emergencies, the condition of individuals who suffer from chronic diseases may worsen or they may be exposed to complications such as secondary infection. Additionally, they also may be at risk if their treatment is stopped losing stabilization of their clinical condition. Maintenance of treatment is an essential element in the response of health sector within the humanitarian community.

People with chronic diseases need long-term follow-up and treatment. Current conventional management for the non-communicable diseases should be provided through the primary health care system using medications listed in the essential drug list. It is usually not recommended to adopt new systems or therapeutic programs for the management of chronic health conditions during the relief effort, especially if it is not possible to continue the system or the program after the emergency phase. The basic measures followed in the management of these diseases include the following points:

- Assess and document the prevalence of non-communicable diseases through data exchange with agencies responding to the crisis.
- Ensure the identification of individuals with non-communicable diseases who were receiving treatment before the state of emergency, and ensure that they receive it continuously. Abrupt stoppage of the treatment must be avoided.
- Ensure the availability of treatment for patients who suffer from complications and worsening of their non-communicable disease that threatens their lives (heart disease and acute Hypertension) and individuals who suffer from severe pain (pain suffered during the final stages of malignancy).
- In cases of non-availability of treatment for non-communicable diseases, a clear and practical model of procedures for referral must be formulated.

- Ensure the availability of basic diagnostic equipment and laboratory core tests and medicines for the current conventional management for the non-communicable diseases within the primary health care system, these drugs should be selected from within the essential drugs list.
- Ensure the provision of certain tools (such as walking aids) for people who suffer from difficulties in movement or communication.



Mental health:

Mental and psychological problems accompany all situations of human suffering. Horror, loss and confusion among other disaster-related stress factors can increase the risk of exposure of various mental, psychological, social and behavioral problems.

The support of mental and psychological health involves multisectoral support that must be coordinated through the formation of a working group “response pyramid” involving different sectors. The mental health indicator below focuses on the work of the health authorities.

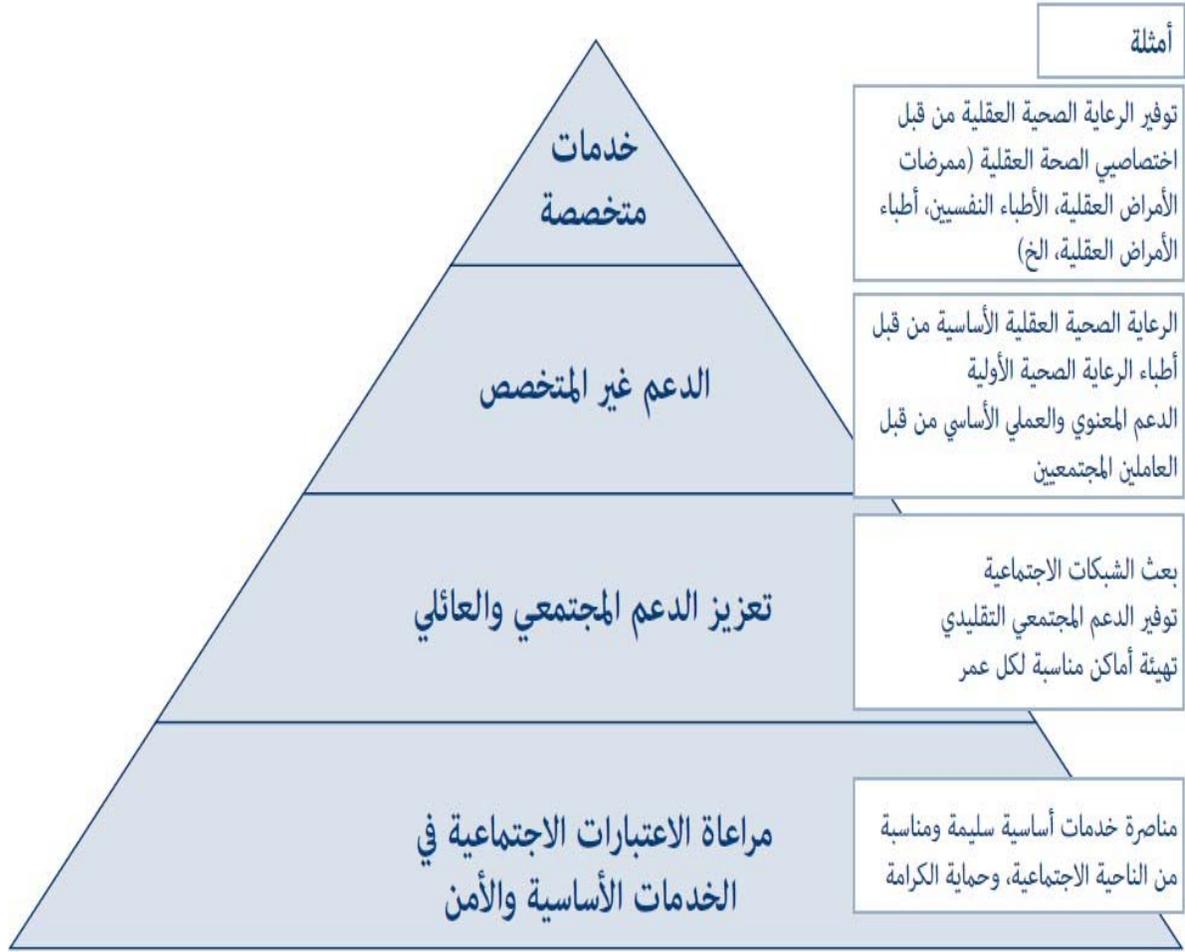
Mental health indicator No.1:

Mental health:

People should receive the health services that protect and reduce mental health problems and its consequence of behavioral disturbances.

People should receive the health services that protect and reduce mental health problems and its consequence of behavioral disturbances.

- Ensure an organized response on the basis of determining needs and resources.
- Enabling members of the local communities, including marginalized individuals, to enforce societies` ability to support and help itself.
- Ensure that social workers including health volunteers, and health services employees are providing psychological first aid for people who suffer deep grief after being under enormous stress.
- Ensure the presence of at least one employee, in every health facility to different severe mental health problems in adults and children.
- Handling issues related to the safety of individuals with mental health problems in specialized institutes and their needs and basic rights.
- Limit the damage of alcohol and drug abuse.
- Plan to put into action a sustainable mental health system at the local community level as part of early recovery.



Examples:

1. **Specialized Services:**

- Providing mental health care by a mental health specialist (psychiatrist etc.)

2. **Unspecialized Support:**

- Providing basic mental health care by PHC physician
- Basic moral and practical support by social worker

3. **Solidifying family and social support:**

- Dispatch social network
- Providing traditional social support
- Preparing appropriate places for each age group
- Support basic, sound and socially appropriate services and protect dignity
- Take into account social consideration in basic services and security

Annexes

Annex 1: Table of expanded vaccinations for childhood diseases in Iraq

The date of giving the vaccine	The vaccine
Within 24 hours after birth	- Hepatitis pattern (b) unilateral, first dose
Within 72 hours after birth	- BCG - Oral polio dose zero
At the age of two months	- Oral polio, the first dose - Rotavirus vaccine, the first dose - Quintet vaccine, the first dose
At the age of four months	- Oral polio, second dose - Quadruple vaccine, the first dose - Vaccine virus rotor, a second dose
At the age of six months	- Oral polio, a third dose - Vaccine virus rotor, a third dose - Quintet vaccine, a second dose
At the age of nine months	- Measles individual - Vitamin A 100 Thousand global unit
At the age of fifteen months	- Combined measles, the first dose
At the age of eighteen months	- Oral polio, the first booster dose - Quadruple vaccine, a second dose - Vitamin A 200 thousand global unit
At the age 4-6 years	- Oral polio kids, a second booster dose - DPT, a second booster dose - Mixed second dose of measles

Annex 2: Securing Food Resources

All residents must be able to have access to sufficient and nutritious food at all times in order to maintain an active and healthy life. In general, the term food security is defined as: "the physical and economic access for people to get healthy food that meets their needs and believes in their desires." If you do not achieve the conditions set forth in this definition, people may be exposed to malnutrition and diarrhea foodborne.

Food security is built on three pillars:

1. Food availability: sufficient quantities of food available on a consistent basis.
2. Access to food: having sufficient resources to obtain appropriate foods to follow appropriate nutritious diet.
3. The use of food: the appropriate use of food depending on the knowledge of the rules of nutrition and health care, as well as the existence of adequate water and sanitation facilities.

Basic aspects of the right to adequate food

1. Availability of food in sufficient quantity and quality to satisfy the food needs of the people.
2. Free from harmful substances.
3. Acceptable in the context of the community.
4. Possibility of sustainable access to this food.

What are the population groups that are more vulnerable to dangers during disasters?

1. Women, children and the elderly
2. Persons with Disabilities and Special Needs
3. Vulnerable populations because of race, religion or political affiliation or displacement

Notes:

1. When one of the populations listed above is in danger, all the other groups will be threatened.
2. Special care must be taken to provide each affected groups in an unbiased manner and according to their own needs.
3. Identifying the skills and abilities of affected persons to use them in a positive way.
(Rapid nutritional assessment of vulnerable groups affected by the disaster)

Goals

1. Identify priorities for action and response.
2. Definition of demographic factors (such as sex, race, tribe) and other relevant factors stratification (such as livelihoods, diet and living situation before the crisis).
3. Determine the prevailing dietary habits.
4. Determine the modern history of food security and related policies by the current situation.
5. The impact of the crisis on the food system and food security for the various vulnerable groups.

6. Identify the proposed interventions, including the means of implementation and awareness and any other assessments required.
7. Determine the exact nature and purpose and the time period to respond to the food aid, and is it appropriate.
8. 8Describe the restrictions and the constraints of the evaluation process.

Action Plan

1. Knowledge of the nutritional status of the population affected by the current crisis (even if people are no longer present in the same place).
2. Determine whether the vulnerable populations at risk of epidemics may affect the nutritional status.
3. Determine the coverage of the measles vaccine among people affected by the crisis.
4. Are vitamin A pills given routinely with the measles vaccine? If the answer is yes, what is the ratio of the estimated coverage?
5. Do any NGOs, the MOH, etc. make any estimated reports on mortality rate (crude and/or under 5 years)?
6. Is the population at risk of malnutrition because of poverty or ill health or any debilitating disease immunity?
7. What is the followed practices of infant feeding among the target population?
8. Is population displacement affecting their ability to access primary health care and specialized care?
9. Is there any change in work patterns as a result of displacement or armed conflict which may affect the roles and responsibilities of the family?
10. Was there any nutritional interventions or support by the community prior to the current crisis? And by whom it was done?

Methods of measuring acute malnutrition

1. Indicators commonly used to measure the levels of malnutrition among children aged 6-59 months are:
 - Index weight-for-height z on the scale: is used to report the results of survey measurements.
 - Percentage of weight to height: is used to determine eligibility for treatment.
 - Measure the mid-upper arm circumference: the best predictor of mortality as well as used in screening tests during pregnancy as the medium and high-risk measurements bear the risk of fetal growth retardation.

Contextual analysis of the causes of malnutrition

The following criteria included along with the human body measurement indicators:

1. Clinical signs
2. Social factors: access to food, the presence of care and shelter and other providers

Response to ensure food security

After the nutrition survey, following actions should occur:

1. The distribution of vitamin A tablets by age group.
2. Distribution of Elvirvol tablets as recommended.
3. Prepare food baskets, according to WHO recommendations.
4. Refer children severely malnourished as cases of urgency to promising nutritional rehabilitation centers in the nearest hospital for emergency treatment.
5. Health Awareness target groups and affected with regard to promoting breastfeeding and proper eating habits.
6. Reevaluation in regular intervals and according to need.

Annex 3: Proper food

Proper food is good food for human consumption in all stages of production, storage, distribution, processing, and handling and to be free from all kinds of risks and trustworthy, nutritionally and be marked by honest and accurate manner as stipulated in the law. Confusion between the terms of food safety and food quality may occur. What is meant by the reference to the food safety of all food-borne hazards which may be acute or chronic, and that may make food harmful to the health of consumers. Food quality is all other qualities that affect consumers of food products.

Food is not good for human consumption:

1. If harmful to public health as a result of the food it contains different types of risk.
2. If the food is corrupt or damaged.

Food Risks

1. Physical risks (dust - dirt - impurities - cut glass - cutting iron) and the source of water, air and soil and seed production and the food itself.
2. Chemical risks (pesticides - drugs - hormones - dioxin - toxins chemical subtracted from the laboratory to the environment directly, such as mercury, arsenic, lead or toxins naturally present in food such as (Aflatoxin / mycotoxin) or food additives are not permitted may be legally or may be the result of genetic modification and Jenny (when the risk of a biological modulation ratio is more than the allowable ratio).
3. Radiological hazards (food contamination with radioactive materials through the water and soil or by direct contamination with radioactive materials).
4. Bio-risk, one of the most important food-borne hazards, which is for the work of the health control primarily. These risks are of two types:
 - Eating toxins contained in some animal and plant tissues such as poisonous mushrooms, wild carrots, and some marine fish.
 - Contaminated food by macrobiotic and their toxicity or by their sporatem such as Salmonella and poisons Alpucilanyum.

Most important types of bacteria that contaminate food:

1. Coliform and fecal coliform, which reaches food in two ways:
 - People infected with the disease.
 - Pollution hands and work tools and environment.
2. Containers contaminated by rodents and insects.
3. Staphylococcus aureus by workers from:
 - Hands and contaminated tools
 - The upper respiratory tract
 - Infected wounds and festering
4. Yeasts and molds and the source of the food itself, which have expired or been stocked in an irregular manner for a long time Bladafah to contamination by microbes.

5. Salmonella and source more often than chicken contaminated with the bacteria or by lack of cleanliness of working in restaurants from Almaekerob holders without symptoms and by working tools.
6. Viruses such as hepatitis Alvairsa pattern ROTA VIRUS A, E and parasites such as amoeba dysentery, giardia and toxoplasmosis (a parasite of cats) in addition to the cholera bacteria, may lead to the spread of epidemics.

Methods of food preservation:

Increased intake of food and meals outside the home in the units and institutions of collective nutrition such as restaurants, schools, camps, clubs and others, many of which do not adhere to basic health rules in keeping and preparation of food a large number of people have been exposed to the possibility of eating in porpirate food in terms of health and that the basis for the save food is to control the food spoilage physically, chemically and biologically to:

1. Prolong survival and be faithful to consume.
2. Ensure adequate food production.
3. Facilitate the trading and food consumption process.
4. Turn the food from one type to another during production surplus.

Food Preservation:

First:

1. Pasteurization and sterilization.
2. Cooling and freezing.
3. Drying, saccharification, salting, irradiation, smoking, fogging.

Second - chemical methods (preservatives):

4. Some of these substances are naturally produced during processing and storage, such as carbonyl compounds, organic acids, sulfur compounds, nitrogen, and alcohol.
5. Add preservatives such as sodium nitrate, sodium benzoate and other materials and re-examined in the amount of these substa

Annex 4: Hand washing

Hand washing is the easiest and most common method to prevent contamination, but even hand washing must be learnt properly so as to avoid useless habits and to maintain cleanliness. Each and every one of us can perform hands washing in almost any place at any time, but it is important to know how to wash hands properly and effectively.

How to wash your hands properly?

1. The best way to wash your hands is to use soap and water. Moisten your hands under running water, and pass soap between them well.
2. Then rub your hands together vigorously for 41 seconds. Make sure to rub the surface of the hands, between fingers, under the nails and even elbows.
3. Then wash soap off your hands thoroughly under the flowing water.
4. Then dry your hands using a clean towel or disposable paper.
5. If you are in a public place, use blotting papers to shut the tap after washing.
6. Remember that antibacterial soap is not more effective against bacteria than ordinary soap. It is possible that antibacterial soap can lead to the development of bacterial resistance to it, which will make it difficult to get rid of bacteria over time.

What are the necessary times to wash your hands? :

1. Before and after eating
2. After coming out of the bathroom
3. After you change a diaper
4. After throwing waste
5. After handling money
6. After blowing your nose or sneezing or coughing in your hands
7. After handling foods especially raw meat
8. After fondling animals
9. After playing

Annex 5: Dental Health

To maintain healthy teeth you must:

1. Brush your teeth twice a day with a toothbrush and toothpaste that contains fluoride;
2. Eat healthy foods and an abundant amount of fruits and vegetables because they are rich in fiber, which cleans teeth;
3. Avoid or reduce sweetened meals and drinks;
4. Visit the dentist regularly;
5. Don't smoke and avoid chewing tobacco. Tobacco leads to inflammation of the gums and tooth loss, coloring of teeth, and changes in the color of the tongue, delayed wound healing, halitosis, changes in the sense of taste and smell and oral cancer.

Brushing

We need to brush our teeth to remove food debris and plaque from the tooth surface to prevent tooth decay and gingivitis. Brushing with toothpaste that contains fluoride provides the surface of the teeth with fluoride. Proper brushing removes plaque bacteria, cleans teeth and prevents odor.

You should brush your teeth twice a day at least, and preferably do so after eating, it is very important to brush your teeth before going to sleep, as bacteria grow overnight and sleep where it is moist and warm inside the mouth.

How to clean teeth?

1. Moisten the brush; then place the toothpaste on the brush, remember that brushing is the primary teeth cleaner; and toothpaste facilitates brushing and provides the surface of the teeth with fluoride.
2. Place the brush beside the gums at an angle of 45 degrees facing the gum line, the brush is directed upward to clean the upper teeth, brush directed downward to clean the lower jaw. Move the brush up and down.
3. For children, the easiest way is to teach them brushing in a circular motion on the outer surface of their teeth
4. Clean the inner surface, the outer surface, and chewing surface of the upper and lower teeth;
5. Avoid brushing in a horizontal motion and intense pressure as it leads to scratched surfaces of the tooth and gum.
6. Gently clean the upper surface of the tongue;
7. Spit the rest of the paste, do not swallow.
8. Do not share a toothbrush with anyone as it will transmit germs;
9. Change your toothbrush every three months, or after an illness to prevent re-infection.