



# Sexual Reproductive and Maternal Health (SRMH) Baseline Assessment Report

Fallujah district and surrounded villages  
Anbar governorate – April 2019



Primary health care project in



## 1. Executive summary:

### 1.1 Introduction and context:

Nearly 80% of the estimated 8.7 million people requiring humanitarian assistance are concentrated in Ninawa, Kirkuk and Anbar governorates. Ninawa remains the epicentre of the crisis with 46% of Iraqis in need of assistance. In Anbar, 1.3 million people require humanitarian assistance.<sup>1</sup> As of 30 Sept 2018, 4,075,350 returnees have moved back to their place of origin.<sup>2</sup> Ninawa Governorate is currently hosting the highest number of IDPs with the majority residing in Mosul (386,538 IDPs). It is the governorate that has experienced the highest level of returnees (1,568,340 people) with accounting 933,546 persons in Mosul<sup>3</sup>. Anbar Governorate has the second highest caseload with 1,278,984 returnees back in their habitual residence<sup>4</sup>. In Anbar Governorate, returnees are concentrated in the districts of Fallujah (13% of total returnees in Anbar, equal to 527,496 individuals) and Ramadi (12% of total returnees in Anbar, equal to 459,720 individuals)<sup>5</sup>.

Although people in governorates impacted directly by recent military operations including Anbar remain the focus of humanitarian assistance for 2019, more detailed data collection and improved analysis shows important geographic variations in terms of needs at district level. The most urgent needs are found in areas where past hostilities have led to destruction of infrastructure, a breakdown of services and erosion of social fabric, or in areas indirectly impacted due to hosting and providing for a sizeable displaced population. Limited livelihood opportunities in these locations including Falluja\Anbar are a key compounding factor keeping some of the most vulnerable people dependent on humanitarian assistance.

### 1.2 Project Introduction:

|                             |   |
|-----------------------------|---|
| <b>Name of Project:</b>     | Support for conflict-affected people by strengthening essential primary health care services and protection from gender-based violence.   |
| <b>Donor:</b>               | German Federal Foreign Office (GFFO)  |
| <b>Country:</b>             | Iraq  |
| <b>Site(s)/Location(s):</b> | Fallujah district, Anbar governorate<br>East Mosul, Ninawa governorate<br>Four IDP camps (Mamrashan, Essyan, Sheikhan and Chamishko), Duhok governorate                         |
| <b>Beneficiaries:</b>       | 1- Host communities (64%)<br>2- Internally displaced people (IDPs) (36%)<br>Total Direct Beneficiaries= 15,017 (7,863 M and 7,154 F)<br>(5,457 IDPs and 9,560 host communities) |

<sup>1</sup> HRP, Iraq 2018

<sup>2</sup> IOM Displacement Tracking Matrix (DTM) September 2018

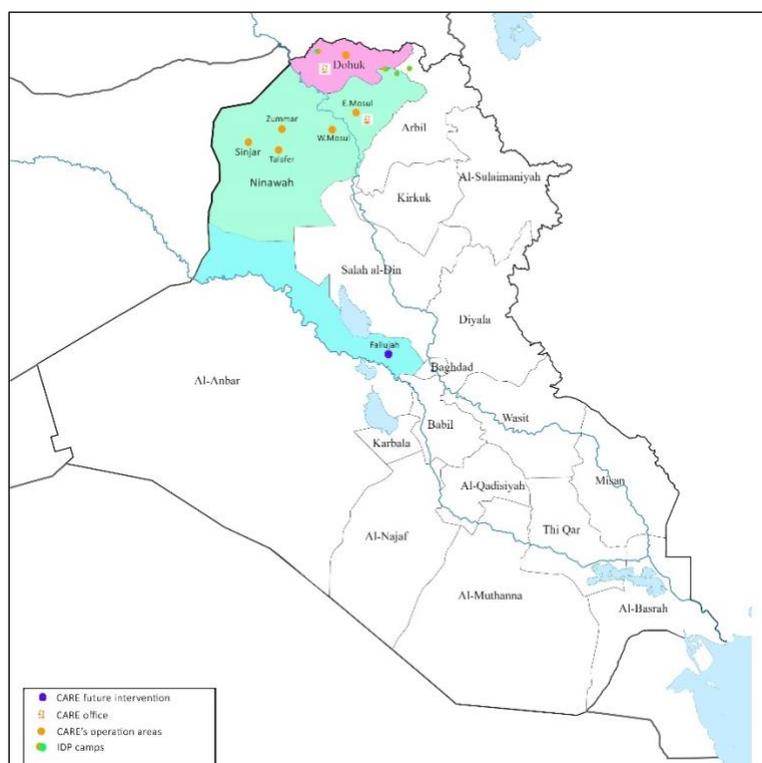
<sup>3</sup> IOM Displacement Tracking Matrix (DTM) September 2018

<sup>4</sup> IOM Displacement Tracking Matrix (DTM) September 2018

<sup>5</sup> IOM, Displacement Tracking Matrix Iraq, September 2018.

|                                 |   |
|---------------------------------|---|
| <b>Duration of the project:</b> | January 1, 2019 – October 31, 2019 (10 Months)  |
| <b>Project outcomes:</b>        | <p><b>Outcome 1:</b> Improved state of health of conflict affected people in Fallujah and East Mosul</p> <ul style="list-style-type: none"> <li>- <b>Output 1:</b> Improved access to essential maternal, child health and primary health services in return areas (Fallujah)</li> <li>- <b>Output 2:</b> Provision of advanced necessary investigations especially required for haemoglobinopathies (thalassemia) in Ibn Al-Atheer hospital, East Mosul.</li> </ul> <p><b>Outcome 2:</b> Increased knowledge and utilization of GBV services by IDP women, men, girls and boys residing in camps in Duhok.</p> <ul style="list-style-type: none"> <li>- <b>Output 1:</b> Strengthen the existing GBV risk mitigation and prevention initiatives for IDP women, men, girls and boys residing in camps in Duhok.</li> <li>- <b>Output 2:</b> Improved health providers attitudes to GBV</li> </ul> |

**In Fallujah:** Significant gaps exist in accessing outpatient consultation services, child immunization against preventable diseases, reproductive health services for adolescent girls and women of childbearing age, screening and managing malnutrition cases, communicable disease surveillance and management, clinical assessment and management of mental health cases, provision of testing and treatment of tuberculosis and other illnesses that require long-term treatment management, and provision of psychosocial support among others. Women in labour distress struggle to access maternity services, a real predicament especially for those with delivery complications. Curfews that are imposed occasionally



in Falluja due to deteriorated security in the city and the many checkpoints aggravate the situation as patients have to endure prolonged delays associated with security checkpoint protocols before getting to the maternity unit. The situation is worse during the night when curfews are enforced. The proposed project will increase access to primary health care services, especially sexual reproductive and maternal health for the population surround the target PHCC. The awareness raising sessions will increase knowledge, appreciation, and utilisation of services offered at the PHCC such as family planning, maternal and child nutrition and increase facility deliveries, thus reducing maternal and child mortality.

**In East-Mosul:** The Ibn\_Al-Atheer Hospital located in East Mosul is the only specialized hospital for all pediatric branches in East and West Mosul. Both East and West Mosul have a severe shortage of laboratory kits and equipment to undertake basic diagnosis through viral screening investigations for haemoglobinopathies (thalassemia). These are critical services required for thalassemia patients and couples who are about to enter a marriage relationship. CARE proposes to support the hospital by providing new medical equipment and requisite kits for the laboratory tests to improve the haemoglobinopathies (thalassemia) for an estimated 50,000 thalassemia patients and pre-marriage tests for couples.

**In Duhok's camps (Sheikhan, Mamrashan, Chamishko and Essyan):** The dignity kit intervention will target a subset of the displaced population, identified as particularly vulnerable to GBV, that includes GBV survivors, widows, child and female headed households, divorced and single women/mothers, adolescent girls, women and adolescent girls with many dependents, separated and/or unaccompanied girls, women and adolescent girls with disabilities, elderly women or women and girls suffering from chronic illness. CARE will refine the vulnerability criteria on the basis of GBV analysis assessments and in close collaboration and consultation with GBV service providers working in the camp, the GBV sub-cluster for Duhok, camp management and the affected populations. Whilst the provision of dignity kits will have a narrow focus the awareness raising activities will also target men and boys (the partners of the recipients of the dignity kits, gatekeepers, community leaders and adolescent boys and men more broadly).

### **1.3 Summary purpose of the baseline study:**

The purpose of this baseline is to provide an information base on which to monitor and assess an activity's progress and effectiveness during implementation and after the implementation. The objective of the baseline will be to consolidate existing information in relation to SRMH indicators, gender inequality indicators and information on protection risks associated to accessing primary health care services. The baseline study also makes recommendations that project partners and the stakeholders might use to improve the design and implementation of other related SRMH projects and programs.

### **1.4 Summary of baseline methodology assessment:**

The questionnaires to be used can be found in annex 1. A separate quantitative and interview questionnaire has been developed for the technical assessment of the PHC and a qualitative questionnaire has been developed within the context of the broader consultation with the affected population (KIIs, household visits and FGDs) and key stakeholders (INGOs, NGOs, religious leaders, men and women community leaders). FGDs conducted with women, men, girls and boys of diverse ages, backgrounds, life stage groups including people with disabilities.

### **1.5 Summary of key findings:**

Based on the findings of the carried out baseline SRMH Assessment CARE International in Iraq proposes to work in one PHCC in the center of the Fallujah city, namely Al-Wahda PHCC in Al-Wahda neighbourhood, which has a catchment area of 37,920 people. It is proposed to provide the full package of medical equipment and laboratory kits as well as a child friendly space room. While the PHC building has been rehabilitated by UNDP as it was damaged due to military operations, it is in need of some minor rehabilitation in coordination with the Directorate of Health (DoH). CARE International in Iraq has established relationship with community and local authorities, including Ninawa and Anbar DoH. Moreover, CARE is able to facilitate a quick start for the project based on data collected through baseline evaluation.

The SRMH needs of Fallujah city have changed considerably in recent years. In addition to basic primary health care services, there is a growing need for a range of mental health services, services for key chronic and non-communicable diseases, as well as critical obstetric, maternal, and neonatal health services. The assessment demonstrated weaknesses in PHCC capacity to provide these services. The deficiencies are related to lack of policy or guidelines related to new or emerging threats, lack of targeted capacity-building programs to build skills in emerging health areas, and lack of infrastructure and equipment to diagnose and provide primary treatment (i.e., X-ray, ultrasound, and medication).

A key challenge is the uneven distribution of staff at the PHCC level. There is a critical need for lab assistants, eye examiners, and dental assistants, while there is a significant nursing surplus. There is a need for in-service training, especially for paramedical staff and nurses in the PHCC. A second challenge is the lack of supplies and equipments, with frequent stock outs for essential drugs and laboratory supplies. The Falluja PHCC facility lacked storage room for drugs and supplies or sufficient rooms for treatment and care. PHCC has a significant need for clinical standards and improved reporting. Some treatment guidelines exist for limited areas of clinical care, but they need to be revised to better orient them to the needs of PHCC. Referrals are made in the past years but without much capability for follow-up. Without improvements in information and feedback systems between.

Women's perceive the use of contraception which is normal and generally acceptable. Women talk about contraception among themselves openly. There are some reports of husbands restricting use of contraception or controlling use of contraception. When women seek advice on types of contraception they consult with other women in the family, relatives, and neighbours.

In Falluja, the assessment found people's movement is restricted depending on gender, age, and ability as current society in Falluja places different expectations on women, men, boys and girls with different abilities. For people with disabilities, movement restrictions differ for women and men with men with disabilities facing less restrictions than women with disabilities. Furthermore, people with intellectual disabilities are more stigmatised than people with physical disabilities. For everyone, movement is further restricted by the unstable security and political situation.

In the community it is not acceptable men health workers to provide health care for women because of traditional beliefs and cultures. Men health workers can only provide a certain type of support such as measurement of diabetes and taking blood pressure.

There are cultural and traditional health practices and beliefs which are harmful for girls, women, and newborns. Some girls of menstrual age believe that bathing during our menstruation is not good for your health and therefore they do not wash themselves while menstruating. Also, some women follow the traditional norm of not bathing after delivery for up to 40 days, which can result in infections to both the newborn and the mother.

### **PHC Facility Level**

The SRMH needs of Fallujah city have changed considerably in recent years. In addition to basic primary health care services, there is a growing need for a range of mental health services, services for key chronic and non-communicable diseases, as well as critical obstetric, maternal, and neonatal health services. The assessment demonstrated weaknesses in PHC capacity to provide these services. The deficiencies are related to lack of policy or guidelines related to new or emerging threats, lack of targeted capacity-building

programs to build skills in emerging health areas, and lack of infrastructure and equipment to diagnose and provide primary treatment (i.e., X-ray).

CARE should provide targeted medical training to increase the availability of mental health services, services for key chronic and non-communicable diseases, and reproductive and maternal health care.

A key challenge is the uneven distribution of staff at the PHC level. There is a critical need for lab assistants, eye examiners, and dental assistants, while there is a significant nursing surplus. There is a need for in-service training, especially for paramedical staff and nurses in PHC. A second challenge is the lack of supplies and equipment, with frequent stock outs for essential drugs and laboratory supplies. Both facilities lacked storage room for drugs and supplies or sufficient rooms for treatment and care. PHCs have a significant need for clinical standards and improved reporting. Some treatment guidelines exist for limited areas of clinical care, but they need to be revised to better orient them to the needs of PHC. Referrals are made in the past years but without much capability for follow-up. Without improvements in information and feedback systems between.

Interviews with community members and both PHC clients indicated that each patient pay minimum 3,000 IQD and this amount can be increased while patients use all services in the PHC, such as tests and medication. The clients also reported inequitable treatment and limited programs for women and youth. Health promotion programs was existing but since the crisis it's stopped or happening in ad-hoc basis, and they are focused only on a few specific issues.

### **Identified Project Sites:**

| Site No. | Name of Site                        | Activity description   | GPS coordinates               | Implementing agency |
|----------|-------------------------------------|--|-------------------------------|---------------------|
| 1        | Essyan IDP camp                     | GBV analysis; establishment of referral pathways between GBV service providers; voucher distribution for dignity kits; awareness raising sessions on gender equality and GBV   | 36°43'19.7"N,<br>43°15'58.4"E | REACH               |
| 2        | Sheikhan IDP camp                   |  | 36°40'12.4"N,<br>43°20'34.3"E | Harikar             |
| 3        | Mamrashan IDP camp                  |  | 36°40'20.6"N,<br>43°26'03.7"E | REACH               |
| 4        | Chamishko IDP camp                  |  | 37°10'43.4"N,<br>42°40'12"E   | Harikar             |
| 5        | Al-Wahda PHCC (Fallujah)            | Provision of essential medical devices, equipment and supplies; minor refurbishment; provision of essential nutritional supplements; integrated awareness-raising sessions on pre- and postnatal clinical examinations, childhood vaccinations as well as nutrition for newborns and pregnant and lactating women, associated with family planning sessions for women and men. | 33°21'22"N,<br>43°46'55"E     | DaryHuman           |
| 6        | Ibn-Al-Atheer hospital (East Mosul) | Provision of essential laboratory equipment  | 36°22'28.1"N,<br>43°09'00.2"E | CARE                |

## 2 Recommendations and Considerations:

### 2.1 general considerations

There are multiple armed actors operating within Fallujah district (ISF, local police and Iraqi Intelligence). However, all appear to be cooperative and the only request has been to provide a copy of the cover page from the JCMC letter and newly requested to ask special permission from Anbar ISF once crossing Baghdad and Anbar border and entering Fallujah city center (with the list of staff names) to the entrance (ISF) checkpoint.

The average transportation costs from Fallujah to Baghdad is 8,000-12,000 IQD per person only one way which means 16,000-24,000 IQD for two ways. Low economic situation of families affected the health situation of many families and increased GBV cases. Supporting Al-Wahda PHCC will prevent and or reduce to some extent these issues in the area.

The private sector is a key provider of services and has strong potential to provide services to IDPs and returnees. However, there is a lack of training/awareness programs for private sector groups and poor coordination between these private sector organizations and the ministry of health.

### 2.2 Recommendations

The recommendations were developed by the evaluation team, according to the findings of the evaluation, and are targeted to CARE unless otherwise specified. The evaluation team focused on possible challenges of the SRMH project and its possibilities for improvement, to help achieve its objective of improving health conditions for the most vulnerable population in Fallujah district.

1. Based on the findings of the carried-out baseline Health Assessment CARE International in Iraq proposes to work in one PHC in the center of the Fallujah town, namely Al-Wahda PHC in Al-Wahda neighbourhood to provide the full package of medical equipment and laboratory kits as well as an information and awareness raising component.
2. CARE's awareness and information sessions for patients should include maternal and reproductive health topics including contraception, family planning, and harmful cultural and traditional practices. Furthermore, sessions should focus on unequal gender norms which underpin some of these harmful beliefs. The sessions should target both women and girls, and boys and men.
3. CARE should support the finalization and dissemination of information and knowledge of patient's rights and available services throughout communities via various communications channels such as providing free text messages. The messages should focus on rights information and can also include health promotion messages. This will increase patient's awareness of available services in order to improve access to quality coordinated care.
4. CARE should provide management and leadership training to PHCCC personnel staff.
5. CARE should develop and provide trainings (including via electronic media) in equipment monitoring and management for all relevant departments.
6. Create a strong network of CHPs that support patients' ability to receive quality health care.
7. Ensure PHCCC staff is gender balanced as male doctors are not able or culturally allowed to provide all treatments to women.

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### 3. Purpose of the baseline

The purpose of this baseline is to provide an information base on which to monitor and assess an activity’s progress and effectiveness during implementation and after the implementation. The objective of the baseline will be to:

- To consolidate existing information in relation to SRMH indicators, gender inequality indicators and information on protection risks associated to accessing primary health care services.
- Compliment incomplete or data of poor quality relevant to the activities being implemented within the context of the GFFO project.

The baseline will look at the situation before the project implementation and after the activities have been implemented to measure the change over time in the activity location alone. The data collection included qualitative and quantitative approaches (Key Informant Interviews-KIIs, Household visits, Focus Group Discussion-FGD and interviews). Due to the sensitivity of data collect on gender-based violence the CARE team conducting the data collection enumerators are trained on how to handle this information to ensure the safety and confidentiality of the individual.

### 4. Limitations

The scope of this baseline assessment was limited in its capacity to complement all the information gaps that are identified because of ongoing insecurity which limits the ability of CARE team to travel to far villages surrounded Fallujah due to ongoing insecurity and the sensitivity of the information. Although the safety audit is adapted and tailored to the context it remains a very sensitive topic that is not openly discussed and stigmatized. In addition, the distances between the villages, time and financial resource constraints have limited the sample size.

### 5. Baseline Study Methodology

The instruments collected data across a range of SRMH needs, engaging in a process of triangulation of findings by the health and MEAL teams. Such an approach was thought to promote efficiency in data collection.

The selected instruments comprised:

1. Review of secondary sources (e.g. previous Assessments, Assessments form other INGOs)
2. Key informant and stakeholder interviews
3. Technical assessment Questionnaires
4. Focus Group Discussions (FGDs) with Community Members

The questionnaires to be used can be found in annex 1. A separate quantitative and interview questionnaire has been developed for the technical assessment of the PHC and a qualitative questionnaire has been developed within the context of the broader consultation with the affected population (KIIs, household visits and FGDs) and key stakeholders (INGOs, NGOs, religious leaders, men and women community leaders). FGDs were conducted with women, men, girls and boys of diverse ages, backgrounds, including people with disabilities. CARE also ensured that the team leaders were trained to be able to directly consult boys, girls and people with disabilities to accurately reflect their needs and feedback. A selection of households was consulted and FGD were done in consultation with maximum 15 and minimum 10 participants. Women headed households, child headed households and households with people with disabilities, elderly people and households representing minority and/or marginalized groups are prioritized for the FGDs. Focus group discussions included individuals of diverse background and ages.

The technical quantitative survey of the primary health care centre and the safety audit were carried out using KoBo collect, a digital data capture used regularly by CARE. The qualitative component of the data collection used a paper-based format.

#### 4.1 Coverage

The focus of both the technical and qualitative assessment was Fallujah center (Al-Wahda, Al-Mualameen and Al-Muhandseen neighbourhoods) and surrounded villages. More details can be seen in the below table.

| # | Neighborhoods                             | FGD   | KI  | Technical assessment  | Household Visit   |
|---|---|---|---|---|---|
| 1 | Al-Wahda neighborhood and PHC in Fallujah | 2 FGDs with Women & girls<br>2 FGDs with men & boys | Minimum two KIIs one with a man community leader and one with a woman representative in each assessed neighbourhood | PHC manager, a doctor (one woman and one man), a nurse, a medical assistant, a lab technician | Minimum 15 (female headed-households and household with people with disabilities) |
| 2 | Al-Muhandseen neighborhood                | 2 FGDs with Women & girls<br>2 FGDs with men & boys | Minimum two KIIs one with a man community leader and one with a woman representative in each assessed neighbourhood | N/A   | Minimum 10 (female headed-households and household with people with disabilities) |
| 3 | Al-Mualameen neighborhood                 | 2 FGDs with Women & girls<br>2 FGDs with men & boys | Minimum two KIIs one with a man community leader and one with a woman representative in each assessed neighbourhood | N/A   | Minimum 15 (female headed-households and household with people with disabilities) |

## 4.2. Technical assessment

AL Wahda PHC benefited from a technical assessment and interviews with a selection of PHC personnel which included: the PHC manager, a doctor (one woman and one man), and a medical assistant. This information complimented with responses received by ten (five women and 5 men) individual access in the PHC the day of the assessment. The technical assessment led by the CARE MEAL and Health team and took a day.

## 4.3 Qualitative Assessment (Household and FGD)

The qualitative assessment covered 2 villages and 3 neighborhoods in Fallujah (Al-Wahda, Al-Muhandesen and Al-Mualameen neighbourhoods). A simple random sampling method used to identify the households who qualify for a household visit and FGD.

## 4.4 Sample size

- **Key informant interviews:** Head of sectors (Mukhtars), Anbar and Fallujah DoH representatives, religious leaders, local authorities, community leaders (one-man, one-woman representative), CSOs, NGOs and INGOs working in the area of operation (UNDP and DaryHuman)
- **FGDs:** *Separate FGDs with women and men from the affected community. An FGD with men and a FGD with women conducted in each village and neighborhood (3 neighborhoods + 2 villages) assessed. FGD included no more than 15 participants and lasted about 60-90 minutes.*

## 2.5 Roles/Responsibility:

The CARE MEAL coordinator in collaboration with MEAL staff and an external team leader and gender and protection team introduced the enumerators to the project idea and baseline assessment objectives and trained them on the assessment methodology (questionnaire and how to conduct FGDs and KIIs in a safe and confidential manner). The consolidation and analysis of the data was done by MEAL unit and external team leader and supervised by the MEAL coordinator.

*Staff:* CARE staff conducted both quantitative and qualitative assessments and MEAL coordinator provided technical support, training, and oversight/supervision. The staff worked in pairs (one man and one woman). The CARE Gender team provided an inception session for the staff on Protection from Sexual Exploitation and Abuse, Child Safeguarding, Collecting Information in a Safe and Confidential manner and providing them with information about Gender-based violence (GBV) and protection specific referral pathways.

## 7. Data management and analysis:

All quantitative and qualitative data was analysed using Kobo toolbox itself and Microsoft Excel. Based on the raw data, available for download from KoBo Toolbox, a master database was developed, and data cleaning was carried out. A quantitative data framework was set up in Excel for all validated data. A series of frequencies count, and other statistical methods were employed in the analysis of the data. Qualitative data are collected and cleaned by MEAL team and been transferred to a standardized excel sheet to compare data of each IDP camp with others. All collected and analysed data refer to annex 1



## 8. MAIN BASELINE FINDINGS:

This section of the document seeks to provide more detailed information on community needs, challenges, access to services, such as, basic services available within Fallujah context and more focused on health services and challenges. This is with the intent of both measuring the logframe indicators, as well as providing the broader analyses and data requested by Health and Gender and Protection team to provide contextualized recommendations for the project period. These have been broken down by project outputs and activities, to ensure relevance and promote understanding.

The report findings are divided into two parts:

- Qualitative findings
- Identified primary health care centres (Al-Wahda PHCC) technical findings

FGDs, household visits and key informants held in Fallujah town and villages in 6 different locations (35% men and 65% women), with participants of different backgrounds (workers, teachers, doctors, government employees, community leaders, community members, Mukhtars, people with disabilities).

### 7.1 Qualitative findings

Findings of FGDs with men, women, boys, girls and vulnerable people, such as, FHHs, elderly persons, people with disabilities and key informants, such as, Mukhtars, religious leaders, of the neighbourhoods in the Fallujah city center as well as villages are stated below in the relevant sections:

#### 7.1.1 Demographic information:

Partial Population Sex and Age Pyramid: the below information is based on key informant's (PHCC and Mukhtar) databases in the catchment area of Al-Wahda PHC – Fallujah district:

It's worth to mention that at this stage the breakdown of catchment area per neighbourhood isn't available but one of the options to capture the breakdown is to depend on the PHC record at later stage.

| Al-Wahda PHC catchment area | Below 1 year (3%) |        | 1-4 years (11.6%) |        | Pregnant (3%) |        | Reproductive age (23.6) |        | Non-pregnant women (20.6%) |        |
|-----------------------------|-------------------|--------|-------------------|--------|---------------|--------|-------------------------|--------|----------------------------|--------|
|                             | Monthly           | Yearly | Monthly           | Yearly | Monthly       | Yearly | Monthly                 | Yearly | Monthly                    | Yearly |
| 12% of Fallujah             |                   |        |                   |        |               |        |                         |        |                            |        |
| 37,920 individuals          | 95                | 1137   | 366               | 4398   | 95            | 1137   | 745                     | 8949   | 651                        | 7811   |

The below information is based on camp management's databases in Duhok governorate:

| Essyan IDP camp      |       |        |       |
|----------------------|-------|--------|-------|
| Age breakdown        | Male  | Female | Total |
| 0 - 4 years          | 884   | 886    | 1770  |
| 5 - 17 years         | 2694  | 2543   | 5237  |
| 18 - 59 years        | 3487  | 3720   | 7207  |
| 60 and over          | 274   | 373    | 647   |
| Total                | 7339  | 7522   | 14861 |
| Mamrashan IDP camp   |       |        |       |
| Age breakdown        | Male  | Female | Total |
| 0 - 4 years          | 545   | 529    | 1074  |
| 5 - 17 years         | 1491  | 1562   | 3053  |
| 18 - 59 years        | 2057  | 2231   | 4288  |
| 60 and over          | 183   | 208    | 391   |
| Total                | 4276  | 4530   | 8806  |
| Chamishko IDP camp   |       |        |       |
| Age breakdown        | Male  | Female | Total |
| Infants under 1 year | 273   | 259    | 532   |
| Children 1-4         | 1221  | 1376   | 2597  |
| Children 5-17        | 4434  | 4503   | 8937  |
| Adults 18-35         | 4732  | 4933   | 9665  |
| Adults 36-59         | 2046  | 2144   | 4190  |
| Elderly              | 581   | 749    | 1330  |
| Total                | 13287 | 13964  | 27251 |
| Sheikhan IDP camp    |       |        |       |
| Age breakdown        | Male  | Female | Total |
| 0-4 Years            | 247   | 288    | 535   |
| 5-11 Years           | 436   | 404    | 840   |
| 12-17 Years          | 370   | 357    | 724   |
| 18-59 Years          | 1136  | 1133   | 2269  |
| 60+ years            | 91    | 118    | 217   |
| Total                | 2280  | 2300   | 4585  |

The below information is based on Mukhtar and Ibn Al-Atheer hospital's databases in the catchment area of the hospital in East Mosul:

| Ibn Al-Atheer hospital - East Mosul |      |    |        |    |       |
|-------------------------------------|------|----|--------|----|-------|
| Age group                           | Male | %  | Female | %  | Total |
| <5                                  | 450  | 9  | 400    | 8  | 850   |
| <18                                 | 750  | 15 | 700    | 14 | 1450  |
| 18-49                               | 1100 | 22 | 1050   | 21 | 2150  |
| 50 and >                            | 300  | 6  | 250    | 5  | 550   |
| Total                               | 2600 | 52 | 2400   | 48 | 5000  |

### 7.1.2 IDP camps project component:

The key outputs and indicators relating to the outcome of “Increased knowledge and utilization of GBV services by IDP women, men, girls and boys residing in camps in Duhok” is outlined in Table 1 below. The findings from the baseline relate to the indicators and outputs and show the baseline structure of outputs.

| Output 2.1  | Indicator 1   | Baseline |
|---|---|----------|
| Strengthen the existing GBV risk mitigation and prevention initiatives for IDP women, men, girls and boys residing in camps in Duhok. | 4000 women, adolescent girls residing in Sheikhan, Chamishko, Essyan and Mamrashan IDP camps that fulfil the criteria receive dignity vouchers.   | 0        |
|   | 4000 women and adolescent girls benefit from awareness-raising sessions on information about hygiene, reproductive health, GBV related issues, and services through the                                   | 0        |
|   | 2500 men and boys benefit from awareness-raising sessions on information about hygiene, reproductive health, GBV related issues, and services through the inclusion of health and protection information. | 0        |

Due to the limitations of funding, it will not be feasible to reach all the women and girls in need of a dignity kit. Therefore, it is crucial to use available resources to target and priorities the individuals identified as most vulnerable. This will require targeting geographically and, within those identified areas, targeting the most in need based on a vulnerability and capacity analysis that includes a gender and diversity analysis. The affected community will be consulted on the selection and prioritization criteria. SGBV survivors will be prioritized for the reception of the dignity kits however in order to avoid stigmatization and protect the selected participants the criteria have been broadened to include GBV at-risk groups and other individuals identified as vulnerable. To maintain the safety of the recipients the criteria will not be widely disseminated to the affected population, but clear and understandable justification will be provided to any specific group or for the exclusion of a specific group upon request.

The definition of vulnerability employed for this purpose will be: ***“Women and girls of diverse ages and backgrounds with and without disabilities who are exposed to a combination or risks (in particular SGBV) and have a limited ability to cope in the face of those risks”***

**Determining the content of the dignity kit:** The dignity kit distribution will be integrated into an existing gender awareness raising programme which includes a strong component of preventing and mitigating GBV under global affairs Canada (GAC) project. The distribution seeks to respond to unmet needs that have been raised by camp managements, NGOs working in the camps and through several Focus Group Discussions (FGD) with women and girls conducted between 2017, 2018 and 2019.

An indispensable step of determining the appropriate modality for dignity kit distribution is to assess the needs of women and adolescent girls affected by the crisis. The modality selected for the dignity kit is based on a previous hygiene voucher distribution conducted by CARE in the four camps in Duhok.

The breakdown of dignity vouchers to be distributed among the targeted IDP camps are as below:

| Partner        | IDP camps          | Quantity of dignity vouchers | Rounds       |
|----------------|--------------------|------------------------------|--------------|
| <b>Harikar</b> | Chamishko IDP camp | 4,104                        | Per 2 rounds |
|                | Sheikhan IDP camp  | 456                          |              |
| <b>REACH</b>   | Mamrashan IDP camp | 550                          | Per 2 rounds |
|                | Essyan IDP camp    | 2,890                        |              |



### 3.3 Findings of Baseline Assessment

#### Key messages

- Based on the findings of the carried out baseline Health Assessment CARE International in Iraq proposes to work in one PHC in the center of the Fallujah town, namely Al-Wahda PHC in Al-Wahda neighbourhood to provide the full package of medical equipment and laboratory kits as well as awareness component with a catchment area of 37,920 population and with a minor rehabilitation of PHCC building in coordination with DoH as it's been partially damaged during the military operators but has been rehabilitated by UNDP two years ago but still needs minor rehabilitation. CARE International in Iraq has established relationship with community and local authorities, including Anbar and Baghdad DoH. Moreover, CARE could facilitate a quick start for the project based on data collected through baseline evaluation.
- Sexual reproductive and maternal health services are compromised due to lack of medical equipment and pharmaceutical supplies and the shortage of health professional's particularly women gynecologists due to combined reasons of insecurity and the government's inability to pay full salaries to doctors and erratic medical supplies. In addition, currently, health care providers fail to diagnose and register GBV, not only due to socio-cultural and traditional barriers (lack of time, resources and inadequate physical facilities) and lack of awareness and knowledge.

#### Key messages from respondents

- "I hope that life will be better tomorrow and the days following. I am optimistic that the security situation will stabilize and improve, and I want to see my family living well in our homes once again" **A young group of boys in Al-Wahda neighbourhood in Fallujah, during an FGD.**
- A KI in Al-Wahda neighbourhood during an interview "our community makes person with disability more disable otherwise some of them they have more potentiality and ability to work than others but the environment and community they are living in put barriers for them".
- One widow woman who was around 30 and she had 5 children stated with tear in her eyes that "I am widow with 5 children and all the children are under 18 and I don't have physical abled body for work. My life is hell because my 17 years old son has a serve disease and he is unable to move (has a spinal condition) and all my income is 120000 IQD for each two months, which is cut down after conflict, goes for my son medicine and diapers. Also, I suffers from backache as I am the only person who carry him alone and he is heavy but nothing to be done as no one is ready to listen to me".

### **7.1.2 Fallujah community needs and challenges accessing services:**

Majority of participants in different places are in agreement that there are men and women living without their family at the time being, meaning they live with, either their relatives or friends or rent accommodation in Fallujah, if they are from surrounded villages which security isn't stable there (because they have not moved their family back yet). Whenever job opportunities are available, such as, working in private sector or employed by government, men and women come back to their origin areas during working days and back to Fallujah during the weekend.

The interviewers have explained that there are few families around 90 families in Fallujah who are women headed household, that they live in their houses and some other living in the rented accommodations because since the crisis a part of them have lost their houses.

During the FGDs it was highlighted that there are people having problem in seeing, hearing, communicating in the community, but exact numbers are not available since no assessment has been done by either government or humanitarian aids at the time being. It was highlighted that there are people having difficulties in walking\climbing especially elderly people who suffer a lot from their knees and some of them are unable to walk. Besides that, there are paralysed and children who suffer from polio or other kind of disease as well such as autism, down syndrome...etc.

The factors who contribute of people having power in the community is related to the government level (sector leaders and whoever work in in government level, religious authorities that have their role of having power in the community, men in general have the power in the community and households, and the people who have money they have the role of having power also in term of the poor income of people.

It's also been discussed and stated by participants that there are people who have difficulties remembering or with self-care. However, once it come to numbers, since movement is ongoing and identifying their locations, remain unanswered due to the unavailability of data to depend on. This indicates that women in this community have restriction mobility and they are only aware about what is happening to people who live near them (their closest neighbourhoods) and neighbours.

There are many women headed household living alone with their children , a part of them are elderly women headed household that their children are adult and can work for bringing income ,the other part of them are young women headed household their living situation is not stable because they don't have a person to work for them in the household and these young women are mostly from returnee community and they depend on the relatives supports. Some of these women are living in their original houses and some other are living in the rented houses that their original houses have been damaged during the conflict. Meanwhile this situation may place these women headed household at risk specially the women who don't have a male member in the household because of the lack of safety, lack of jobs opportunities and lack of services overall.

Since the crisis many women have been affected by trauma, brain paralysis and stroke, and some of these women became women with disabilities in term of these crisis, and they face challenges accessing the services and their daily life. Specially for accessing the health facility. While men did not seem that they think these situations may place these females with disabilities at risk.

According to the discussion with women that returnees' percentage is very high, estimating in between 75 percent in comparison to two years ago. Also, some FHHs claimed that they regret that they returned

back to Fallujah due to the unavailability of job opportunities and public services such as schools, hospitals and so on. They also stated that their husbands are away from Fallujah during two weeks in a month because they couldn't get a job opportunity in the neighbourhoods and or interviewed villages.

The percentage of the returnees in comparison of the host/romaine community is around 51-75%, and this percentage came from the interviewing different groups, the current situation the percentage is becoming more because people want to come back to their original place. And generally, the returnees live in their original houses, rented houses and some other in the make-shift houses. Their house have been damaged since the crisis. The relationship between the returnees and host community is very good that they have explained that they did not faced any issues related to this, in all the community they face problems in term of different people living there, but they are not that big issues.

It was highlighted unanimously by women and men the need to health services as not all the PHCC are functional after the conflict and some of them are partially destroyed. Also, it was shared by 90 % respondents that health services have declined in the assessed areas, and the impact of this is larger for women who face greater obstacles to accessing such care than men. When women need to travel to health care centres they face greater security risks and bear greater opportunity costs than men. Unequal decision making power and limited control over resources also hinders their health seeking behaviour, causing delays in seeking medical help during delivery and decisions on the use and accessing of family planning methods. Assessment results in Fallujah show that women and men face similar needs, being affected by dehydration, diarrhoea, psychological distress and physical injuries. Children are affected by malnutrition, malaria, fever, respiratory problems and dysentery. Shortage of medicines is reported in most areas. While lack of medical facilities will affect everyone, it may particularly affect women, faced with an increased workload, reduced financial resources and longer distances to walk on potentially unsafe routes. An increase in gender-based violence incidents would mean exposure to STIs and unwanted pregnancies. Women cannot access to SRMH services without having permission from the husbands and they are always accompanied by the male or family member partners.

### **7.1.3 Impact of the Conflict and Basic Access to Services**

**Changes that the community has experienced since the crisis are as follow:**

**Baseline SRMH findings show that 95% of women and 85% of men during the FGDs as well as the house to house visits suggest the changes that women and girls have experienced are as following:**

1. Less access to job opportunity than before;
2. Less financial income;
3. Restriction and limitation of movement and mobility due to instable political and security situations;
4. Lack of maternity unit in some far neighbourhoods;
5. Lack of doctors and medicine in some PHCCs;
6. Lack of public transportation;
7. Less entrainment activities such as playground, football stadium...etc.

**The changes that men and boys have experienced are:**

1. Community and social pressure of being unable to provide for their households as before due lack of job opportunities and this irritates them;

2. Feel unsafe that anytime another crisis happens again, and some of them might lose their family members like before;
3. Less mobility movement due to not all areas are cleaned from land mine and specifically in the villages.

**The main needs of community as identified by the community are the following:**

|                          |   |
|--------------------------|---|
| Women                    | <ol style="list-style-type: none"> <li>1. Maternity unit including gynaecologist and pre\post-natal care;</li> <li>2. Access to education in villages as well as in some neighbourhoods;</li> <li>3. Job opportunity to be independent financially some women will be able to a certain type of works but some others cannot because of households' chores;</li> <li>4. Provide health services including lab-tests, ultrasound, medication...etc.</li> </ol> |
| Men                      | <ol style="list-style-type: none"> <li>1. Job opportunities;</li> <li>2. Compensation to repair their houses and buy properties;</li> <li>3. Clean their lands and properties from</li> </ol>   |
| Boys                     | <ol style="list-style-type: none"> <li>1. Provide good quality of education including rehabilitating schools, providing transportation, provide teachers, stationaries, etc.</li> <li>2. Playground and public places;</li> </ol>   |
| Girls                    | <ol style="list-style-type: none"> <li>1. Provide access to education through financial supports.</li> <li>2. Job opportunity to be independent financially some women will be able to a certain type of works but some others cannot because of households' chores;</li> </ol>   |
| People with disabilities | <ol style="list-style-type: none"> <li>1. People with disabilities need assistive devices such as wheel chairs, cane, financial support to buy their require needs.</li> <li>2. Ensure people with disabilities have access to resources such as education, health services as currently people with disabilities have less access to job services due to environmental, social and cultural barriers.</li> </ol>   |
| Elderly people           | <ol style="list-style-type: none"> <li>1. Financial support;</li> <li>2. Health support as in Fallujah there are only a few PHCCs and specialist doctors are not available every time and PWDs cannot meet their health needs in Fallujah and force to go other places such as Baghdad but unfortunately, they have no financial ability to pay for medication, tickets, transportation fees from Fallujah to Baghdad and back to Fallujah</li> </ol>         |
| Infant                   | <ol style="list-style-type: none"> <li>1. Formula;</li> <li>2. Playground.</li> </ol>   |

**Services are safely available to men, women, boys and girls in this community:**

- Food aid / food distributions: they receive food aid from government\food agent and they have PDS card. They receive only four items: sugar, flour, oil and rice. All other food items, people need to buy and those who have income and can afford them do, but those who can't they don't buy them.
- Non-food items (specify which NFIs): they haven't received any assistance from any NGOs.
- Health care (including reproductive health): CARE/DaryHuman in collaboration with DoH provide health care services which is 10-15 minutes far away from them by car and 30-40 minutes by walking.
- Hygiene/dignity kits: they haven't received any hygiene\dignity kits and if they can afford them, hence they do buy them.

- Women-friendly spaces: KIIs mentioned that they are one NGOs that provide vocational training, but they weren't aware about the name and location of NGO
- Clean water: no NGOs provide WASH assistance and they get water from the national water network provided by government on regular basis. However, challenges are happening in the summer season due to the high demands on the water and lack of awareness to save water as it's been realized that community spend water more than necessary.
- Latrines: each family has its own latrine and showers.

#### 7.1.4 Women and Girls Access to Basic Human Rights:

With the female key informant discussions, including widows and FHH with 85% of women reported that women control the resources and assets because this is the case of widows and FHH if they don't have any adult men but generally speaking in the community men control the household resources inside and outside the house. During FGDs with both men and women as well as KIIs, it's realized that 60% of Men and 35% jointly and only 5% of women make decision on the using money inside and outside the house, otherwise women and girls should take permission from men on spending money unless something urgent happens when male partners' are not at home (for example if he is on duty or living in abroad), then women can decide to use money but still they can spend only up to certain amount of money which is little. A women representative of KII said "I can decide how to spend money only if the amount is little which means no more than 70,000 IQD but I should do consultation with my husband". A girl representative of KII said "I always ask money from my mother and tell her how I am going to use, then the parent decides whether to give me money or not"

A women representative during KI FGDs "I can decide how to spend money only if the amount is little which means no more than 70,000 IQD but I should do consultation with my husband"

Women and girl headed households are more vulnerable to protection risks and sexual gender-based violence (SGBV) because of the following reasons:

- They face cultural movement and mobility restrictions because the community displays a negative perception of widows, FHHs, divorces and girls if they move alone without accompanying anyone;
- Limited access and control to resources and job opportunities which means they don't have independent source of income if they are not educated or employed by government;
- Women and girls are not permitted to undertake jobs outside the home because of traditional gender norms and relations.

There are not many females headed households which means child headed households (15 girls have been reported by Mukhtars in Al-Wahda neighbourhood for the time being). However; this number changes on regular basis and once girls come back to Fallujah they live with their relatives\grandparents. However, some widow women participants claimed that orphan girls are more vulnerable to GBV because not having parents especially father means no bread winner in the household that's why many girls become victims of child marriage and other kind of GBV. Sometimes, relatives\family members such as cousins, brothers force girls to marry at young age because they think they will be less financial burden in the family and another reason why they marry girls at early age is they are afraid the girls do something wrong outside marriage and bring shame to the family according to their believes.

As a result of their perceived gender roles and responsibilities, women in the targeted community face a number of obstacles accessing basic services and information on their human rights. For example, they face barriers in accessing resources due to limited educational opportunities and controlling resources due to discriminatory inheritance practices. They are particularly isolated from the public sphere which further limits their ability to acquire information on basic services, rights and other forms of livelihood and economic opportunities. So, not having skills and education background means less access/control to dignified works, more financially dependent and can therefore be considered more vulnerable to GBV (including exploitation and harassment risk). “What is worse than this is those women and girls who encounters risks are not able even to speak up against their rights” an FHH said. They are not able to seek out information on their basic rights due to the traditional perception that a woman who discusses family issues outside of the household is not a good woman. In both selected villages, an elderly representative of FHHs who 65 years was old as well as with 80% of women respondents claimed that all men in their communities have controlled everything. 60% of women stated that decision making both in community and household levels are made by men. However, 35% of them reported that men do consult with women on decision making.

During the FGDs with men and women as well as with key informants, 97% with almost all of the participants agreed that community level decision is made through Mukhtars, tribe leaders and religious leaders who are mostly men. Based on the existing structures, women and girls have no roles and opportunity at all to participate in the discussions and decision makings while all decisions are made in community level are from masculine perspective. It is worth noting tribe and religious leaders have a huge influence on the community and what they are saying is practiced among community. If there is a conflict and hostility between two families, tribe and religious leaders solve it within themselves, most of the time even without raising the issue in the court. The structure is the same for different ethnicity and religious group in Fallujah.

Common barriers to women and girls’ claiming their rights that were reported during the FGD and KIIs included:

1. Not aware about their entitlement;
2. The community and households are ruled by men (male dominated society);
3. Not having laws to defend them legally (no punishment against the perpetrators) and even if the law exists, it is not activated for the time being;
4. Less of access to education because of traditional beliefs that women and girls don’t need education as they will be ended up being house wives and currently because of lack of education system in many places in Anbar governorate in general and Fallujah district specifically.

Person with disabilities are not able to work because there isn’t any kind of opportunities available. They can only do that kind of work which is suitable for them according to their physical and mental ability. One KII said that person with disability are deprived from the following rights:

1. They are deprived from education because of physical and environmental barriers i.e. access to schools, lack of special schools, lack of human resources because person with disability needs different kind of care and treatment, lack of financial ability to send them to another place.

2. One KII said community that “our community makes person with disability more disable otherwise some of them they have more potentiality and ability to work than others but the environment and community they are living in put barriers for them”. Another KII said that “our community doesn’t take into account person with disability needs and they are neglected in here this is why they have no access to their entitlements”

### **7.1.5 Observed Protection Risks Disaggregated by Gender and Age:**

In the FGDs with women and men, it was highlighted with 85% of women and 60% of men reporting that men don’t face any kind of risk such as forced eviction, forced recruitment in military or harassment, but because they can’t find jobs related to their specialties, they join military to have a stable source of income. The main issues highlighted by FHHs were that men face is lack of job opportunities. Moreover, all participants were in agreement that the main risk that the community faces, including men and boys is that not all areas are cleaned from land mines, especially villages close to Fallujah city.

During the FGDs with key informants, such as, Mukhtars and religious leaders present in the area (including women representatives), it has been reported that the community has a negative perception of FHH, widows and girls if they move alone inside the community because it is not accepted culturally and socially for women and girls to be seen traveling alone in town. Therefore, women and girls don’t leave their houses unless it is absolutely necessary\urgent, such as, going to PHCCs/hospital and to support a family member outside. For example, during discussions with a representative of widows an individual stated, “I can go out a lot but due to the unpredictable security situation and because it is culturally perceived as shameful for women and girls to go out that’s why I do not go out to protect myself from people’s speeches and gossips”. In the FGDs discussions with women the majority of girls with 35% interviewed reported that they cannot access to education or other service unless they are accompanied by a male partner because of the current situation as they are afraid they will be sexually harassed by either different militia groups present in the area or strangers (men) in the community. Families want their daughters’ to be with them all the time in case of an emergency situation happen abruptly in order to be in front of their eyes to rescue them. There is a genuine fear that if households that they feel very afraid send their daughter outside the home they are not able to protect them since some of the interviewed with 25% of both men and women think that they are expecting another attack.

Girls and boys with disabilities face many challenges as following:

- Social barriers such as poor economic conditions, not able to buy wheel chairs, cane, not having transportation, not having income to pay visit doctor (for medications, tickets, etc.) and so on.
- Environmental barriers such as not having accessible roads, no ramps, no symbols on streets for people who have difficulties in seeing.... etc.
- Lack of special doctor for treatment as it was mentioned by the FHH that an operation needs to be done for her son but in abroad not in Iraq if he does surgery in here then he will be paralysed.

### **7.1.6 General Health Needs & Practices:**

Inside Fallujah city, there are many PHCCs divided into different neighbourhoods providing SRMH services but there are still many gaps in the area due to lack of government support in this sector.

It is worth to note that people of different ages, genders and life stages suffers from health issues because in the current PHC in Al-Wahda neighbourhood there are many gaps and challenges for women, men, boys, girls, people with disabilities, and elderly persons. Some of the gaps are as following:

- Lack of blood bank;
- No X-ray;
- No ultrasound;
- Not all medicine can be found in there;
- Lack of lab-tests'
- Lack of specialist doctor.
- Lack of referral

The health of the population has changed significantly, that people had to leave their houses and they have lost many things, in term of this many people have been affected by skin disease, stroke and trauma and some of the vulnerable became people with disabilities. Before the crisis people had access to the medicines and the specialist doctors while currently they don't.

According to the community there should be health care workers with the same sex for the patient, because of the cultural and religious authorities and people also prefer this structure. The interviewers have explained that there are no cultural and religious practices that may affect health care of people. The health facility is the source of the information for people to get information about sexual and reproductive maternal health and TV and mouth talk.

Females get their information from different sources such as (PHC, TV, elderly women) and including school for the adolescent girls, and the people with disabilities don't have such as source for getting information about the sexual and reproductive maternal health except their elderly female in the household.

Girls and boys get information about sexual and reproductive maternal health from school, parents and when they visit the health facility. And the girls who are out of the schools get information from their family members.

There are many women who having trouble breastfeeding specially soon after birth, as women lack in information and awareness on breastfeeding practices. Some women don't breastfeed their children from birth, and instead have to rely on baby formula from the store.

Pregnant women and breastfeeding women take vitamin from the health facility, and eat more fruits and vegetables, and, they feed their babies with a piece of bread with tea.

There are midwives who take care of women who deliver at home, there are some people prefer to deliver at home and some other deliver at the health facility, currently people prefer to deliver at the PHCC because when they deliver at home they have to visit the health facility later for the tests and analgesics.

### **7.1.7 Community Beliefs on Health and Sexual and Reproductive Health and Rights**

CARE also sought to understand and identify community related beliefs that limited women, men, girls' and boys' access to SRMH. These findings will be used to tailor awareness-raising messages for the different target audience.

Most practices related to hand washing, disposal of dead bodies, water use, cooking and animal care are normal. However, there are several harmful cultural and traditional practices impacting the women and girl's hygiene and material and reproductive health and rights.

Not bathing babies after delivery, until 40 days is a harmful traditional and cultural practice for women and baby from personal hygiene perspectives. Also, some women follow traditional norms and don't wash themselves after delivery. Women key informants addressed that in their community some women don't take bath for certain number of days after baby delivery because they believe if they wash themselves the mother's milk will be dirty. Some tribes don't wash the baby till 7 days after birth, which is related to religion and cultural believes.

Furthermore, in the community there is a traditional believe that it is not healthy for women and girls of menstrual age to take bath during menstrual days.

There are no beliefs or practices that may affect the nutritional status of women, men girls and boys, but only for the people with disability that sometimes people say it's funny when see someone with disability this may lead to those people ashamed or embarrassed.

**7.1.8 Family Planning** The community perception on the use of contraception is generally positive as people are looking for ways to manage family planning due to the difficult situation people currently live in. The most commonly accepted types of contraception are the pill and IUD. The decisions usually made within the family with the agreement of both men and women, but mostly men have the final role of taking decisions on use of contraception. An exception to this is when the contraception is recommended by a doctor for medical purposes.

Women and men have equal access to family planning but in general the responsibility lies with the women to seek out the contraception option. Not all types of contraception are available in the clinics which limits women and girls access to appropriate family planning options. Doctors refer people to the private clinics and other hospitals, but they cannot travel because of economic conditions such as not being able to pay for transportation fees' and afford for tickets and medication.

#### **7.1.9 Delivery Practices**

In the past years back to 2003, almost all women delivered at home, not because of cultural beliefs and tradition but because of lack of accessible hospitals and maternity units. Currently almost all women and girls deliver in the hospitals and if a woman or girl delivers at home this is because she cannot afford for transportation fees' and medication expenditure. Also, women and girls a month before their delivery travel and stay in nearby hospital for easy and timely access to RH Care, because maternity unit is not operation well in al neighbourhoods.

#### **7.1.10 Access to the health facilities:**

People have access to the health facility in their neighbourhood which is Al-Wahda, they travel to PHC by public transportation and some other travel walking and their own cars. The PHCC is far from them around 3 KM and it costs them around 10,000 IQD both ways there and back.

Pregnant women, people with disabilities, women and elderly people face challenges accessing health facility because they cannot access by foot and they should have access to the transportation and mostly people have poor income to pay for the transportation, there are some people depend on their relatives and neighbour for accessing the health facility (unpaid transportation).

Health services in health facilities is either free charge or small payment in Fallujah, depends on the type of services but it is worth to note that the community need to afford for transportations, medications, and other health, education and public services expenditure.

### **Mobility analysis**

Based on this assessment and secondary data, it is found that women and girls of different life stages have very limited mobility and before going outside the house they require permission from their male partner or a male relative. This permission is required when leaving the house for any type of errand or visit, including health visits or visiting family. Women and girls must be accompanied by someone, either male or female, depending on distance and the kind of services they seek to attend: For visits outside of town women and girls need to be accompanied by a male family member, while for movement inside town women and girls require to be accompanied by a female relative or friend when granted permission by a male relative. This situation is the same for female headed households, widows or divorced women, who are required to inform either family-in-law or adolescent (male) children.

Men and adolescent boys have substantial more freedom of movement and are able to move around and travel without requiring permission from family members. However, men with disabilities and elderly men's movement is restricted due mainly to physical ability and to a lesser extend social stigma.

This restriction on women and girls mobility, especially those considered vulnerable such as female headed households, widows, divorces and women and girls with disabilities, also affects their participation in the labour force and their ability to participate in livelihood opportunities.

In summary, people's mobilization is restricted based on gender, age, life stage and ability as current society in Falluja places different expectations on women, men, boys and girls with different abilities. For people with disabilities, movement restrictions differ for women and men, and depending on people's disability with intellectual disabilities more stigmatised than physical disabilities. For everyone, movement is further restricted by the unstable security and political situation.

Accessing the PHCC take people small payment, mostly men is responsible on making decision about the health's costs in the household because usually men is working in the family, but there are also some family both men and women are responsible for making decisions about the health's family costs. Those families that have cars they use their own cars to access PHC and those who don't they seek support from neighbours or relatives, unless someone is too close to the PHCC, they walk. Currently all patients travel to Fallujah general hospital or PHCs in different neighbourhoods if they need a simple treatment but if they have a serious issue, they travel to Baghdad.

### **Women, men, boys, girls, PWDs and elderly people do face the following challenges accessing to healthcare generally:**

1. Lack of income which makes a lot of barriers for different genders, ages and people of different life stages to access the PHCCs. Having a poor economic condition makes a lot of challenges for the community to access the health facilities because that makes them not being able to afford for transportation fees', medication cost, ticket for visiting doctor.
2. Not having financial ability to pay for health care make many communities to ignore their health issues and not to access the health facilities.

3. Adolescent girls, women including disabled women can access PHCC with no male family member as escort only inside Fallujah and if it near to their settlements. However, they still don't feel comfortable to go out without accompanying any partners that is why they prefer to accompany in pairs or groups such as, with friends, neighbors, adult children, ...etc.
4. Lack of medications;
5. Lack of surgery dep.
6. Lack of blood bank;

#### **7.1.11 Access to Information about Service Provision:**

Women, men, boys and girls including person with disability groups receive information about the services provided by the health care centre through:

1. Relatives and friends who visited the doctors;
2. Male partners';

In the discussion during FGDs with men, women, boys and girls it's been reported that they didn't hear any kind of support provided to GBV survivors and also, they highlighted that they don't share their GBV issues to someone who is outside the family. However, they keep their GBV issues to themselves and they suffer in silence. A representative of woman Kills said "if I take my GBV problems outside the family, then the issues will be more complicated and less chance to be solved and from community perspective a woman who takes out her complain to a stranger\outside the family framework is seen as not a good woman because she takes out family's secrets.

#### **7.1.12 GBV Service Provision:**

There are currently no actors (at the time of writing this report) providing GBV services (psychosocial support and GBV case management) in Fallujah town. However, some NGOs have women friendly spaces.

Survivors of violence usually seek help from family members and friends of the same sex and sometimes they consult with tribe and or religious leaders which depends on the kind of violence and from whom. If the violence is from a member of family, the survivors keep the issues secretly and does not share with someone outside the family. If the violence is from someone who is outside the family member, majority of participants with 75% of the respondents agreed that they seek police in some cases, religious and tribe leaders.

### **7.2 Identified primary health care centre (Al-Wahda PHC) technical findings:**

#### **7.2.1 General Information on facilities:**

Many hospitals and PHCCs buildings were destroyed by the heavy military operations, equipment vandalized and supplies stolen. The fragile security situation and prevailing social tensions in parts of the country most affected by the heightened conflict has eroded the confidence of health professionals from returning to work in areas considered insecure.

During the first day of assessment, meeting with Anbar directorate of health (DoH) and identified PHCC manager had been arranged, generally discussion was about the health situation and needs in Fallujah district and DoH director has suggested the identified primary health care center (PHC) to be technically assessed by assessment team:

**Al-Shuhada primary health care centers (PHC)** located in the center of Fallujah town in Al-Wahda neighbourhood with latitude 33°21'22"N and longitude 43°46'55"E which was densely populated before the crisis and generally limited income families inhabiting the neighborhoods belonging to these PHC with catchment area of around 37,920 population. The PHC have received limited support from humanitarian actors, such as; UNDP as well as Anbar DoH, some equipment and medications are non-functional as well as building was partially damaged, but it's been rehabilitated by UNDP. The generator is been taken by ISIS during the crisis to run their basic daily activities, but a small generator is been provided by DoH, however, it needs maintenance. City power is only available every 5 hours. There is no maternity unit available in the whole neighbourhood expect in general hospital which is not covering the whole city. Sometimes it is very difficult for patient to travel, especially during night due to many security checkpoints or even curfew with a lot of delay until arriving the only maternity unit. RNA team has used an initial assessment tool to capture the gaps of PHCC. See annex 1: the detailed result of assessment and annex 3: the photos of the building and PHCC stuff. Currently the Al-Wahda PHC is open from 8 AM to 2:30 PM and government staff are working during the working hours.

General information on the PHC can be found in the below table:

| Consolidated technical information                          | Options  | Al-Wahda PHC                             |
|---|--|--|
| Point of delivery type:                                     | <ul style="list-style-type: none"> <li>• Hospital</li> <li>• Health Centre</li> <li>• Health post</li> <li>• Clinic</li> </ul> | Health centre                            |
| Management:   | <ul style="list-style-type: none"> <li>• Ministry of Health</li> <li>• NGOs</li> </ul>   | Ministry of health                       |
| Is facility / outreach site temporary or permanent?         | <ul style="list-style-type: none"> <li>• Temporary</li> <li>• Permanent</li> </ul>   | Permanent                                |
| Has facility / material been damaged?                       | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>  | Yes                                      |
| If Yes what type of damage? (Select the appropriate answer) | Building:  | Partial damage but rehabilitated by UNDP |
|   | Equipment:   | Partial damage                           |
|   | Medical supplies:  | Partial damage                           |

### 7.2.2 Access to the Facility:

Taxi fare from Al-Wahda PHC to the neighbourhoods belong to the catchment area is between 4,000-6,000 IQD per person only one way which means 8,000-12,000 IQD for two ways, moreover, from Fallujah to Baghdad is 15,000 IQD per person which means for two ways is 30,000 IQD

Number of hours by transport/Foot/Car:

- To PHCC inside Fallujah is 10-15 minutes by cars and about 30-40 minutes by walking.
- To Fallujah general hospital PHCC is 20 to 35 minutes by car and transportation fee is about 10,000 IQD.
- To Baghdad is about more than one hour and transportation fees is about 20,000 IQD.

Access health services in facilities is either free charge or small payment (2,000 IQD) in Fallujah, depends on the type of services but it is worth to note that the community need to afford for transportations, medications, and other health, education and public services expenditure.

Access to the facility is restricted by people’s mobility and their freedom of movement.

### 7.2.3 Service Provision:

Generally, women and adolescent girls receive primary health care services such as, neonatal care, postnatal care, Information on family planning and/or access to contraception, complications during pregnancy, regular check-up with pediatrician for baby following delivery, Breastfeeding and/or child nutrition sessions and Skin diseases, UTIs, diarrhea.

As for men and adolescent boys receive primary health care services such as, Neonatal Care, Postnatal Care, Information on family planning and/or access to contraception, complications during pregnancy, Regular check-up with pediatrician for baby following delivery, Breastfeeding and/or child nutrition sessions and Skin diseases, UTIs, diarrhea.

As per the Iraqi government working hours, PHC will be open from 8:30 AM to 2:30 PM

The facility doesn’t have an available ambulance for emergency cases even before the damage, but they refer cases to general hospital which ambulance is always available, but community has to take their patients to the place of PHCCs. However, facility is responsible to refer the emergency cases to Fallujah general hospital and ambulance is available in the hospital, moreover, drivers are available 24/7 due to the capacity of the hospital and referral mechanism. However, ambulance is fully equipped with supplies and paramedic.

Government is responsible to provides health care in the facility and make sure human resources is provided to the PHC. However, the below essential drugs, vaccines, and supplies were reported to be available and government to provide once PHC became fully functional.

| Consolidated technical information  | Options  | Al-Wahda PHC   |
|---|--|--|
| Who provides health care in this facility (please include number of staff and disaggregate by gender for each): | <ul style="list-style-type: none"> <li>• Nurses:</li> <li>• Medical doctors:</li> <li>• Medical assistance:</li> <li>• Vaccinators:</li> <li>• Midwives:</li> <li>• Lab technicians:</li> <li>• Public health officers:</li> <li>• Gynaecologist:</li> </ul> | *One female nurse and *4 male nurses,<br>* one medical doctor *and one female.<br>* 3 vaccinators,<br>*1 lab technician, and *other administration staff |
| Essential drugs, vaccines, and supplies:  | Antibiotics:   | Available  |
|   | ORS:   | Available  |
|   | Anti-malarial:   | Unavailable  |
|   | Antipyretics:  | Available  |
|   | Contraception:   | Available  |
|   | Dressing materials:  | Available  |
|   | Tetanus toxoid:  | Available  |
| Measles:  | Available  |  |

|  |                         |           |
|--|-------------------------|-----------|
|  | DPT:                    | Available |
|  | Polio:                  | Available |
|  | BCG:                    | Available |
|  | Functioning cold chain: | Available |

## 8. ANNEXES:

Annex 1: Qualitative and Technical data analysis:

| GFFO baseline technical health assessment<br>April 2019<br>Consolidated Qualitative information<br>Qualitative analysis – FGD results | Options | Al-Wahda neighbourhood - Fallujah town   |   |  |   |
|---|---------|--|---|--|---|
|   |         | FGD with Men   | FGD with women  | FGD with boys  | FGD with girls  |
| <b>Interview date:</b>  |         | 4/16/19  | 4/15/19   | 4/15/19  | 4/16/19   |
| <b>Sex of facilitator:</b>  |         | Male   | Female  | Male   | Female  |
|   |         | Male   | Female  | Male   | Female  |
| <b>Number participants:</b>   |         | 20   | 18  | 8  | 7   |
| <b>Group sex:</b>   |         | Male   | Female  | Male   | Female  |
| <b>Age range of participants:</b>   |         | 25-45  | 25-55   | 14-18  | 13-19   |
| <b>Demographics (to be completed when conducting KIIs and household visits)</b>   |         | Two FGDs   | Two FGDs  |  |   |
| Are you aware of any women headed households in your community? ___ If yes, how many and where are they living?                       |         | Yes there are few women headed household living in the Al-wahda neighborhood,some of them live in their old houses and some other in the tents | Yes there are around 50 female headed household living in the Al-wahda neighborhood | Yes there are few women headed household living in the Al-wahda neighborhood,some of them live in their old houses and some other in the tents | Yes there are around 50 female headed household living in the Al-wahda neighborhood |
| Are you aware of any child headed households in your community? _ If yes, how many and where are they living?                         |         | There is no child headed household living in the Al-wahda neighborhood   | There is no child headed household living in the Al-wahda neighborhood              | There is no child headed household living in the Al-wahda neighborhood   | There is no child headed household living in the Al-wahda neighborhood              |

|  |  |   |   |   |   |
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| <p>Do you know of any men living without their family (because they have not moved their family back yet)?</p>                         |  | <p>Yes there are around 8 men living without their families, because they come to the neighborhood temporary and their families live out of the Fallujah (their houses have been damaged during the crises)</p> | <p>There is no men living without their family in the neighborhood</p>  | <p>Yes there are around 8 men living without their families, because they come to the neighborhood temporary and their families live out of the Fallujah (their houses have been damaged during the crises)</p> | <p>There is no men living without their family in the neighborhood</p>  |
| <p>Do you know of people in your community that have trouble seeing or hearing or communicating? _ (How many? Where do they live?)</p> |  | <p>Men have explained that mostly the elderly people have trouble seeing or hearing or communicating around 5% in the Al-wahda neighborhood</p>   | <p>Yes there are around 10% people who have trouble seeing or hearing or communicating specially the elderly people and they live with their family members</p> | <p>Boys have explained that mostly the elderly people have trouble seeing or hearing or communicating around 5% in the Al-wahda neighborhood</p>  | <p>Yes there are around 10% people who have trouble seeing or hearing or communicating specially the elderly people and they live with their family members</p> |
| <p>Do you know of people in your community that have difficulties walking/climbing steps? ___ (How many? Where do they live?)</p>      |  | <p>Few people who have difficulties walking/climbing steps that living in with their families in the Al-wahda neighborhood</p>  | <p>There are few people who have difficulties walking/climbing steps and they don't have social or health insurance</p>   | <p>Few people who have difficulties walking/climbing steps that living in with their families in the Al-wahda neighborhood</p>  | <p>There are few people who have difficulties walking/climbing steps and they don't have social or health insurance</p>   |

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| <p>Do you know of people in your community that have difficulties remembering or with self-care (washing or dressing themselves): (How many? Where do they live?)</p> |   | <p>There are around 5% of people who have difficulties remembering or with self-care (washing or dressing themselves) living with their families in Al-wahda neighborhood</p>     | <p>Women have explained that there are many people who have difficulties remembering or with self-care specially the people with disability (physically) and the elderly people</p> | <p>There are around 5% of people who have difficulties remembering or with self-care (washing or dressing themselves) living with their families in Al-wahda neighborhood</p>     | <p>girls have explained that there are many people who have difficulties remembering or with self-care specially the people with disability (physically) and the elderly people</p> |
| <p>Currently what is the percentage of returnees in comparison to the host/remainee community?</p>  | <ul style="list-style-type: none"> <li>☐ 0-20%</li> <li>☑ 21-50%</li> <li>☑ 51-75%</li> <li>☐ More than 75%</li> <li>☐ I am not sure but more than one family returns every week</li> </ul> | <p>Currently the percentage of returnees in comparison to the host/remainee community around 90%</p>  | <p>Currently the percentage of returnees in comparison to the host/remainee is increasing around 75%</p>  | <p>Currently the percentage of returnees in comparison to the host/remainee community around 90%</p>  | <p>Currently the percentage of returnees in comparison to the host/remainee is increasing around 75%</p>  |
| <p>Where do the IDPs live? (skip if answered “no” to question 1)</p>  | <ul style="list-style-type: none"> <li>☑ with family/host</li> <li>☑ in makeshift shelter</li> <li>☐ Other</li> </ul>   | <p>There is no IDPs living in the neighborhood but there are people who have damaged their houses during the crises and currently they are living in the unfinished buildings</p> | <p>The IDPs live with their families and in the makeshift shelters mostly</p>   | <p>There is no IDPs living in the neighborhood but there are people who have damaged their houses during the crises and currently they are living in the unfinished buildings</p> | <p>The IDPs live with their families and in the makeshift shelters mostly</p>   |
| <p>Where do the returnees live?</p>   | <ul style="list-style-type: none"> <li>☑ with family/host</li> <li>☑ in makeshift shelter</li> <li>☑ original home (destroyed)</li> <li>☐ Other</li> </ul>                                  | <p>The returnees mostly live in their houses and the other families live in rented houses</p>   | <p>The returnees live in their own houses and who their houses have damaged they live in the original home(destroy)</p>   | <p>The returnees mostly live in their houses and the other families live in rented houses</p>   | <p>The returnees live in their own houses and who their houses have damaged they live in the original home(destroy)</p>   |

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| <p>How would you describe the relationship between the host community (remainees) and returnees? (Explain)</p>  |   | <p>the relationship between the host community(remainees) and returnees is very good that they have not faced an issue related to this</p>   | <p>The relationship between the host community and returnees is good and women think they don't see differences between them, and most of people are close to their relatives only</p> | <p>the relationship between the host community(remainees) and returnees is very good that they have not faced an issue related to this</p>  | <p>The relationship between the host community and returnees is good and women think they don't see differences between them, and most of people are close to their relatives only</p> |
| <p>Do you know of any women headed households living alone with their children in this community?</p>           | <p>♣ Yes<br/>♣ No<br/><br/>♣ (if "no" go straight to question 10)</p> | <p>Men have emphasized that there are few women headed households living alone with their children in this community and they face difficulty with income that there is no men in the household to work for them</p> | <p>mostly they live in their original houses but there are some of them are living in the rented houses</p>  | <p>Boys have emphasized that there are few women headed households living alone with their children in this community and they face difficulty with income that there is no men in the household to work for them</p> | <p>mostly they live in their original houses but there are some of them are living in the rented houses</p>  |
| <p>Do you know of any adolescent girl headed households living alone with their children in this community?</p> | <p>♣ Yes<br/>♣ No<br/><br/>♣ (if "no" go straight to question 10)</p> | <p>There is no adolescent girl headed households living with their children in this community</p>  | <p>There is no adolescent girl headed household living alone with their children</p>   | <p>There is no adolescent girl headed households living with their children in this community</p>   | <p>There is no adolescent girl headed household living alone with their children</p>   |
| <p>Are these women/and or adolescent girls</p>  | <p>♣ IDPs<br/>♣ Returnees<br/>♣ From the host community</p>           | <p>The women headed household who live alone with their children are mostly returnees</p>  | <p>Some of these women are returnees and some other are returnees</p>  | <p>The women headed household who live alone with their children are mostly returnees</p>   | <p>Some of these women are returnees and some other are returnees</p>  |

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|---|--|--|--|--|--|
| <p>What type of housing do they live in?</p>  |  | <p>They are living in their own houses</p>   | <p>Mostly they live in their original houses but there are some of them are living in the rented houses</p>  | <p>They are living in their own houses</p>   | <p>Mostly they live in their original houses but there are some of them are living in the rented houses</p>  |
| <p>Do you think this situation could put these women/and or girls and their children at risk?</p> | <p> <input type="checkbox"/> Yes<br/> <input type="checkbox"/> No<br/> <input type="checkbox"/> I don't know<br/> <input type="checkbox"/> I prefer not to answer         </p> | <p>Yes this situation may put these women/girls and their children at risk</p>   | <p>Yes, because women are different from the men and men have more rights than women that's why they are not allowed to do whatever they want even if they are headed households</p> | <p>Yes this situation may put these women/girls and their children at risk</p>   | <p>Yes, because women are different from the men and men have more rights than women that's why they are not allowed to do whatever they want even if they are headed households</p> |
| <p>If yes, what risks do girls face? Explain</p>  |  | <p>the risk that may put girls and women at risk are their hard living situation, bargaining bribe that happening in the town generally and they also may face harrasment and they may feel weak in the community`s eyes</p> | <p>Girls usually face risks related to their education,some of them ave been cut from schools because of the crises</p>  | <p>the risk that may put girls and women at risk are their hard living situation, bargaining bribe that happening in the town generally and they also may face harrasment and they may feel weak in the community`s eyes</p> | <p>Girls usually face risks related to their education,some of them ave been cut from schools because of the crises</p>  |

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| <p>Only with women FGDs,<br/>What risk face women?<br/>Explain.</p>              |  | <p>There is no jobs opportunities for those women have graduated and they cannot find jobs for themselves</p>  | <p>They cannot go outside of the house or neighborhood alone, they don't have access to any kind of jobs as men these reasons may put these women and their children at risk</p>  | <p>There is no jobs opportunities for those women have graduated and they cannot find jobs for themselves</p>  | <p>They cannot go outside of the house or neighborhood alone, they don't have access to any kind of jobs as men these reasons may put these women and their children at risk</p>  |
| <p>Are there women and/or girls in your community with disabilities? Explain</p> |  | <p>Yes there are few women with disabilities, brain paralysis, and stroke that made them women with disabilities specially after the crises they have faced these disabilities</p> | <p>Yes there are few women and girls with disabilities, some of them faced disability after the crises in terms of heart attacks, and some of the girls have born with disabilities, and they face difficulties in their life such as moving properly,providing income for their children</p> | <p>Yes there are few women with disabilities, brain paralysis, and stroke that made them women with disabilities specially after the crises they have faced these disabilities</p> | <p>Yes there are few women and girls with disabilities, some of them faced disability after the crises in terms of heart attacks, and some of the girls have born with disabilities, and they face difficulties in their life such as moving properly,providing income for their children</p> |

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|--|--|---|---|---|---|
| <p>Are any of these women and/or girls with disabilities single headed households? Explain.</p>                          |  | <p>There is no women/girls with disabilities single headed household</p>                                    | <p>Yes there are few women and girls with disabilities, some of them faced disability after the crises in terms of heart attacks, and some of the girls have born with disabilities, and they face difficulties in their life such as moving properly,providing income for their children</p> | <p>There is no women/girls with disabilities single headed household</p>                                    | <p>Yes there are few women and girls with disabilities, some of them faced disability after the crises in terms of heart attacks, and some of the girls have born with disabilities, and they face difficulties in their life such as moving properly,providing income for their children</p> |
| <p>Do you think the situation could put these women and girls with disabilities and their children at risk? Explain.</p> |  | <p>The current situation is staible that these girl and women with disabilities may not face any issues</p> | <p>Yes there are some risk that women and girls with disabilities may face they don't have access to the health facility in nay time they need because they would need the other person help. And they cannot go out in their own because they don't have access to the assistive devices</p> | <p>The current situation is staible that these girl and women with disabilities may not face any issues</p> | <p>Yes there are some risk that women and girls with disabilities may face they don't have access to the health facility in nay time they need because they would need the other person help. And they cannot go out in their own because they don't have access to the assistive devices</p> |

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|---|--|---|--|---|--|
| <p>What risks do men from the returnee or remainee community face? Explain.</p> |  | <p>The risk that men may face from the returnee or remainee community are there is no jobs opportunities , they did not received compensation from the government because of their damaged houses</p> | <p>The men from the returnee or remainee community face that the safety is not stable enough for them and all the community</p>  | <p>The risk that men may face from the returnee or remainee community are there is no jobs opportunities , they did not received compensation from the government because of their damaged houses</p> | <p>The men from the returnee or remainee community face that the safety is not stable enough for them and all the community</p>  |
| <p>What risk do boys from the returnee or remainee community face? Explain.</p> |  | <p>The risk that boys may face from the returnee or remainee community is that drugs, alcohol and unemployment have been spreaded a lot after the crises</p>  | <p>Boys may face risk related to their education that in Al-wahda neighborhood they don't have a good education system and some of them are far from the schools they cant reach their schools</p> | <p>The risk that boys may face from the returnee or remainee community is that drugs, alcohol and unemployment have been spreaded a lot after the crises</p>  | <p>Boys may face risk related to their education that in Al-wahda neighborhood they don't have a good education system and some of them are far from the schools they cant reach their schools</p> |
| <p><b>FGDs and Household Interviews</b></p>                                     |  |   |  |   |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <p>What changes have you or the community experienced since the crisis?<br/>Probe: what changes have you experienced as a woman/man/boy/girl</p>      | <p> <input type="checkbox"/> Yes<br/> <input type="checkbox"/> No<br/> <input type="checkbox"/> I don't know<br/> <input type="checkbox"/> I prefer not to answer </p> | <p>Many changes men have experienced since the crises such as their psychological state is not good because of the crises, and lack of jobs and the jobs that are available are not suitable for them that make them feel ashamed of doing that job.</p> | <p>Women have explained that they have faced many changes since the crises such as livelihood and they don't have access to the jobs</p>   | <p>Many changes people have experienced since the crises such as their psychological state is not good because of the crises, and lack of jobs and the jobs that are available are not suitable for them that make them feel ashamed of doing that job.</p> | <p>Women have explained that they have faced many changes since the crises such as livelihood and they don't have access to the jobs</p>   |
| <p>Of those changes, which is the most significant and why?<br/>Probe: how were things before the crisis? How are things now? Why does it matter?</p> |  | <p>The most significant change is that people here psychologically tired, things before were normal and stable but since the crises things have changed a lot that they had to leave their houses and lack of the jobs they face now</p>                 | <p>The most significant change is that they don't have access to the good living situation (livelihood), before the crises they were living much better than current situation, as they had access to the health care, shelters and livelihood</p> | <p>The most significant change is that people here psychologically tired, things before were normal and stable but since the crises things have changed a lot that they had to leave their houses and lack of the jobs they face now</p>                    | <p>The most significant change is that they don't have access to the good living situation (livelihood), before the crises they were living much better than current situation, as they had access to the health care, shelters and livelihood</p> |

|   |              |   |  |   |  |
|---|--------------|---|--|---|--|
| <p>Who has been affected by these changes? Please describe?</p> |              | <p>Mostly the elderly people and head of the households have been affected by these changes,as the elderly people faced difficulties walking and visit Health facilities outside of Fallujah,and head of the households faced difficulties with their income to take care of thier families</p> | <p>Generally all families have been affected by these changes as their shelters have been damaged</p>    | <p>Mostly the elderly people and head of the households have been affected by these changes,as the elderly people faced difficulties walking and visit Health facilities outside of Fallujah,and head of the households faced difficulties with their income to take care of thier families</p> | <p>Generally all families have been affected by these changes as their shelters have been damaged</p>    |
|   | <p>Women</p> | <p>Men have explained that women main needs jobs opportunities to contrinute their families income</p>  | <p>some of these women are returnees and some other are returnees</p>                                    | <p>Boys have explained that women main needs jobs opportunities to contrinute their families income</p>   | <p>some of these women are returnees and some other are returnees</p>                                    |
|   | <p>Men</p>   | <p>Men needs the services such as (health care, job opportunities) as some people have lost their houses they need to be rehabilitaed</p>   | <p>In women opinion men need to have access to the job opportunities it's the most important to have</p> | <p>Boys needs the services such as (health care,education system ) as some people have lost their houses they need to be rehabilitaed</p>   | <p>In women opinion men need to have access to the job opportunities it's the most important to have</p> |

|   |                          |  |  |   |  |
|---|--------------------------|--|--|---|--|
| In your opinion what are the main needs of: | Boys                     | Men have explained that boys need to provide them a good education system that they can continue their education and contribute with community | Boys need to have access to their education (who have been cut from school because of the crises)                                | boys have explained that boys need to provide them a good education system that they can continue their education and contribute with community | Boys need to have access to their education (who have been cut from school because of the crises)                                |
|   | Girls                    | Girls need to provide them a good education system that they can continue their education and contribute with community                        | Girls need to have access to their education (who have been cut from school because of the crises)                               | This have been explained in girls FGDs  | Girls need to have access to their education (who have been cut from school because of the crises)                               |
|   | People with disabilities | people with disabilities need to have health insurance and financial support   | Women have explained that people with disabilities need to have access to health insurance, assistive devices and socila support | people with disabilities need to have health insurance and financial support  | girls have explained that people with disabilities need to have access to health insurance, assistive devices and socila support |
|   | Eldedrly people          | Elderly people need to have health insurance and a place to spend sometime there such as a park  | Elderly people need to have access to socila support, family support and a place to breath (such as a garden..)                  | Elderly people need to have health insurance and a place to spend sometime there such as a park   | Elderly people need to have access to socila support, family support and a place to breath (such as a garden..)                  |

|  |            |  |   |   |   |
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|  | Wash       | The wash services are good enough for people inside the Al-wahda neighborhood  | Women have a good access to wash, that they have explained they don't face issues related to the water or maintenance                                       | The wash services are good enough for people inside the Al-wahda neighborhood   | Girls have a good access to wash, that they have explained they don't face issues related to the water or maintenance                                       |
|  | Shelter    | Men have explained that some people have their own houses and some other who have lost their houses they have put a tent in the place of the house,as some NGOs have providef them the tents | Women complained that most of people are living in the shelters which are not suitable enough for the living but thye don't have any other place to live in | Boys have explained that some people have their own houses and some other who have lost their houses they have put a tent in the place of the house,as some NGOs have providef them the tents | girls complained that most of people are living in the shelters which are not suitable enough for the living but thye don't have any other place to live in |
|  | Healh Care | the health facility is available in Al-wahda neighborhood but the they don't have access to the medicines and some specific health machine   | There are health facilities but they don't have access to the good doctors and medicines  | the health facility is available in Al-wahda neighborhood but the they don't have access to the medicines and some specific health machine  | There are health facilities but they don't have access to the good doctors and medicines  |

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| How would you describe access to the following services? Allow the respond to explain if there is access and who has access? | Livelihood | People in Al-wahda neighborhood depends on the daily working and government employee for the livelihood, but it has changed a lot since the crises that they before there were more jobs opportunities | Women have emphasized that their livelihood is very hard that people who are government employees have a good enough living situation but who don't they barely can provide their family needs | People in Al-wahda neighborhood depends on the daily working and government employee for the livelihood, but it has changed a lot since the crises that they before there were more jobs opportunities | girls have emphasized that their livelihood is very hard that people who are government employees have a good enough living situation but who don't they barely can provide their family needs |
|  | Education  | The schools are available in the neighborhood but the education system is not good enough and the graduated people suffer of unemployments   | Women said that boys and girls have access to the schools, but the education system is not good and the teacher need to attend trainings more  | The schools are available in the neighborhood but the education system is not good enough and the graduated people suffer of unemployments   | girls said that boys and girls have access to the schools, but the education system is not good and the teacher need to attend trainings more  |
|  | Food       | They have access to the food in the markets that are available in the Al-wahda neighborhood  | They have access to the food in the Bazar which located to their neighborhood  | They have access to the food in the markets that are available in the Al-wahda neighborhood  | They have access to the food in the Bazar which located to their neighborhood  |

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|  | Protection   | According to the Fallujah overall they have traditions that each tribal have their own traditions and each man is responsible on their families, as men have mentioned that they don't have the protection issues | Women said that each men is responsible of their family protection and there is no center specified of protection. And sometimes religious people get involved in the protection of the neighborhood | According to the Fallujah overall they have traditions that each tribal have their own traditions and each man is responsible on their families, as men have mentioned that they don't have the protection issues | girls said that each men is responsible of their family protection and there is no center specified of protection. And sometimes religious people get involved in the protection of the neighborhood |
| Who works in the household? Please describe                              | What type of work do women do?<br>What type of work do men do?<br>Can people with disabilities work? | Women work inside the houses (homework) and men work outside that they are responsible for the family income  | Usually men work in the family because the opportunities come from them more, women will work if they have access to the opportunities   | Women work inside the houses (homework) and men work outside that they are responsible for the family income  | Usually men work in the family because the opportunities come from them more, women will work if they have access to the opportunities   |
| Can women leave the neighbourhood/town to look for work? If not why not? |  | Women can leave the neighborhood to look for a job and contribute to their families but its hard to leave the town for the same purpose   | Women cannot leave the neighborhood to look for work because of the traditions and culture, there are some women who work inside the house and buy their materials (sewing,cooking)                  | Women can leave the neighborhood to look for a job and contribute to their families but its hard to leave the town for the same purpose   | girls said that women cannot leave the neighborhood to look for work because of the traditions and culture, there are some women who work inside the house and buy their materials (sewing,cooking)  |

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| <p>Can men leave the neighbourhood/town to look for work? If not why not?</p> |  | <p>Yes men can leave the neighborhood or the town to look for work, as some people cannot find jobs inside the neighborhood according to the lack of opportunities they go outside of the town (Anbar,Baghdad)</p> | <p>men can leave the neighborhood to look after work and there are some men who go to Baghdad for work</p>                                    | <p>Yes men can leave the neighborhood or the town to look for work, as some people cannot find jobs inside the neighborhood according to the lack of opportunities they go outside of the town (Anbar,Baghdad)</p> | <p>men can leave the neighborhood to look after work and there are some men who go to Baghdad for work</p>                                    |
| <p>Who is considered to have power in your community?</p>                     |  | <p>The entities which have the power in the community mostly are security authority and local authorities</p>  | <p>The security forces have power in the community more than the other people because the safety in the neighborhood is not stable enough</p> | <p>The entities which have the power in the community mostly are security authority and local authorities</p>  | <p>The security forces have power in the community more than the other people because the safety in the neighborhood is not stable enough</p> |

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| <p>What factors contribute to individuals or people in your community having power?</p>  | <ul style="list-style-type: none"> <li>• Local authorities</li> <li>• Community leaders (Mukhtars)</li> <li>• Religious leaders</li> <li>• Individuals with big properties and businesses</li> <li>• Men in general</li> <li>• Money</li> <li>• Having a job</li> <li>• Employment in the security forces</li> <li>• Access to education</li> <li>• Age (elderly person)</li> <li>• Tribal (explain)</li> </ul> | <p>The factors which contribute to individuals or people in the community having power are mostly local authorities, Mukhtars, and tribal leaders, because people who live in Al-wahda neighborhood are used to follow their tribal leaders and etcetra</p> | <p>Women have explained that local authorities one of the most factors which contribute to individuals in the community</p>   | <p>The factors which contribute to individuals or people in the community having power are mostly local authorities, Mukhtars, and tribal leaders, because people who live in Al-wahda neighborhood are used to follow their tribal leaders and etcetra</p> | <p>girls have explained that local authorities one of the most factors which contribute to individuals in the community</p>   |
| <p>How would you describe the mobility of (can they move freely where they want when they want? Or are they confined to certain spaces? Please explain</p> | <ul style="list-style-type: none"> <li>• Women</li> <li>• Adolescent girls</li> <li>• Boys</li> <li>• Men</li> <li>• People with disabilities</li> <li>• Elderly people</li> </ul>  | <p>Men have emphasized that people can move freely inside the neighborhood and they don't face any issues, but in the night children and women preferred not to move alone because of the traditions</p>  | <p>Women said that they are who cannot move freely in the neighborhood according to not have access to security, they can move only for the necessary moves such as (health care, shopping..etc) and in term of this they should not be alone</p> | <p>boys have emphasized that people can move freely inside the neighborhood and they don't face any issues, but in the night children and women preferred not to move alone because of the traditions</p>   | <p>Girls said that they are who cannot move freely in the neighborhood according to not have access to security, they can move only for the necessary moves such as (health care, shopping..etc) and in term of this they should not be alone</p> |
| <p><b>General Health Needs &amp; Practices</b></p>   |   |   |   |   |   |

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| How has the health of the population changed since the crisis? | Are women and men affected differently by diseases or other health problems?  | Yes, that men and women have been affected since the crises that they had to leave their houses and this lead them to suffer and their health have affacted psychologically, physically (hearth attack)                                | Women have been affected by some disease in terms of enviromental pollution since the crises such as (chdrinic illnes, pregnancy problems), it worth to be mentioned that some pregnant women have gave birth with children with disabilities because of the crises | Yes, that men and women have been affected since the crises that they had to leave their houses and this lead them to suffer and their health have affacted psychologically, physically (hearth attack)                                | Women have been affected by some disease in terms of enviromental pollution since the crises such as (chdrinic illnes, pregnancy problems), it worth to be mentioned that some pregnant women have gave birth with children with disabilities because of the crises |
|  | Are girls and boys affected differently by diseases or other health problems? | The health of the boys and girls have been affected by the crises that they had to live in a situation that they were not used to live in and this lead them to face their health psychologically and physically such as skin diseases | The boys and girls health have been affected since the crises such as ( skin diseases)  | The health of the boys and girls have been affected by the crises that they had to live in a situation that they were not used to live in and this lead them to face their health psychologically and physically such as skin diseases | The boys and girls health have been affected since the crises such as ( skin diseases)  |

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|   | Are women and girls with disabilities and men and boys with disabilities affected differently by diseases or health problems? | The health of the people with disabilities have been affected more than the other people by the crises that they were depending on the other people to help them for the self-care, and mostly psychologically | Females with disabilities health have been affected differently by the crises that they have been affected more psychologically than physically | The health of the people with disabilities have been affected more than the other people by the crises that they were depending on the other people to help them for the self-care, and mostly psychologically | Females with disabilities health have been affected differently by the crises that they have been affected more psychologically than physically |
|   | If so, what is the breakdown disaggregated by sex, age and disability?  | Both male and female with disabilities and their age ranged between 12-55  | Women have explained that all the different ages have been affected   | Both male and female with disabilities and their age ranged between 12-55  | girls have explained that all the different ages have been affected   |
| Who provides health care to whom? (For example, do local beliefs and practices let male health workers care for women?) |   | Who are providing health care are both male for males and female for females, and if its necessary male health workers can provide health care for women also  | Local beliefs and tradition don't let males health care workers care for women  | Who are providing health care are both male for males and female for females, and if its necessary male health workers can provide health care for women also  | Local beliefs and tradition don't let males health care workers care for women  |

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| <p>What are the local beliefs and practices on pregnancy and birth, disposal of dead bodies, menstrual hygiene, washing, water use, cooking and animal care? Please describe</p> |  | <p>Men have explained that women for giving birth mostly visit the health facilities, and disposal of dead bodies the civil defenses and directorate of environment take care of them and the other entities who have involved in</p> | <p>There is no local beliefs and practices on pregnancy and birth, disposal of dead bodies, menstrual hygiene, washing, water use, cooking and animal care</p>  | <p>boys have explained that women for giving birth mostly visit the health facilities, and disposal of dead bodies the civil defenses and directorate of environment take care of them and the other entities who have involved in</p> | <p>There is no local beliefs and practices on pregnancy and birth, disposal of dead bodies, menstrual hygiene, washing, water use, cooking and animal care</p>  |
| <p>Are any of these harmful for women, men, girls or boys?</p>   |  | <p>Yes, the trauma and environmental pollution may be harmful for people</p>  | <p>there is no local beliefs to be harmful for people</p>   | <p>Yes, the trauma and environmental pollution may be harmful for people</p>   | <p>there is no local beliefs to be harmful for people</p>   |
|  | <p>How and where do women get information about sexual and reproductive maternal health?</p> | <p>This have been explained in the women FGDs</p>   | <p>Women have explained that they usually get information about sexual and reproductive from the health facility, from elderly women and they got used to it that's how they get information until something happen</p> | <p>This have been explained in the women FGDs</p>  | <p>girls have explained that they usually get information about sexual and reproductive from the health facility, from elderly women and they got used to it that's how they get information until something happen</p> |

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| Do women and men talk about and/or get information about health differently? | Where do men get information about sexual reproductive and maternal health?                             | Usually men get informations about te sexual reproductive and maternal health from the TV, health facilities and from the elderly people | Men usually don't get information about sexual reproductive and maternal health as they depend on their wife fro having the information from the health facility   | Usually men get informations about te sexual reproductive and maternal health from the TV, health facilities and from the elderly people | Men usually don't get information about sexual reproductive and maternal health as they depend on their wife fro having the information from the health facility   |
|  | What cultural and religious practices affect health care for women? Explain                             | This have been explained in the women FGDs   | There is no cultural and religious practices affect health care for women  | This have been explained in the women FGDs   | There is no cultural and religious practices affect health care for women  |
|  | What cultural and religious practices affect health care for men? Explain                               | There is not any cultural and religious practices that may affect health care of men   | There is no cultural and religious practices affect health care for men  | There is not any cultural and religious practices that may affect health care of boys  | There is no cultural and religious practices affect health care for men  |
|  | Where and how do women with disabilities get information about sexual and reproductive maternal health? | This have been explained in the women FGDs   | Majority of women with disabilities don't have access to a place that to get information about sexual reproductive and metarnal health, but there some who can walk and visit health facility to get information, and some women with disabilities get information from their husbands | This have been explained in the women FGDs   | Majority of women with disabilities don't have access to a place that to get information about sexual reproductive and metarnal health, but there some who can walk and visit health facility to get information, and some women with disabilities get information from their husbands |

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| <p>Do women and men with disabilities talk about and/or get information about health differently?</p> | <p>Where do men with disabilities get information about sexual reproductive and maternal health?</p>  | <p>The men with disabilities get information about sexual reproductive and maternal health from the rehabilitated health facility for people with disabilities , TV , the awareness sessions that health facility provide them and from the people around them who they can talk to</p> | <p>Men with disabilities usually get information when they are able to visit health facility and some of them get information from their wives, and also they get information from TV, internet sometimes</p> | <p>The men with disabilities get information about sexual reproductive and maternal health from the rehabilitated health facility for people with disabilities , TV , the awareness sessions that health facility provide them and from the people around them who they can talk to</p> | <p>Men with disabilities usually get information when they are able to visit health facility and some of them get information from their wives, and also they get information from TV, internet sometimes</p> |
|   | <p>What cultural and religious practices affect health care for people with disabilities? Explain</p> | <p>There is no cultural and religious practices affect health care for people with disabilities</p>   | <p>People with disabilities health may affect by the community that there are some people who make fun of the people with disabilities and this may lead them to have psychological issues</p>                | <p>There is no cultural and religious practices affect health care for people with disabilities</p>   | <p>People with disabilities health may affect by the community that there are some people who make fun of the people with disabilities and this may lead them to have psychological issues</p>                |
|   | <p>Where &amp; how do girls get information about sexual and reproductive health?</p>                 | <p>This have been explained in the girls FGDs</p>   | <p>Women have explained that girls with disabilities depend on their mothers information about sexual and reproductive health</p>   | <p>This have been explained in the girls FGDs</p>   | <p>girls have explained that girls with disabilities depend on their mothers information about sexual and reproductive health</p>   |

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| Do girls and boys talk about and/or get information about health differently? | Where do boys get information about sexual reproductive health?                                 | In men`s opinion boys get information from the TV, health facility and close friends about the sexual reproductive health   | Usually boys get information about sexual reproductive health from the schools,TV and their parents  | In men`s opinion boys get information from the TV, health facility and close friends about the sexual reproductive health   | Usually boys get information about sexual reproductive health from the schools,TV and their parents  |
|   | How do adolescent girls out of school receive information about sexual and reproductive health? | This have been explained in the girls FGDs  | the adolescent girls out of school get information from their mothers,TV and close friends   | This have been explained in the girls FGDs  | the adolescent girls out of school get information from their mothers,TV and close friends   |
|   | Do girls or boys with disabilities face particular challenges?                                  | It depends on the kind of disability they have ex. If they have difficulties with walking they cannot go out properly and get information and in this case they get information from the parents (boys from father and girls from mother). And also from health facility.Boys and girls with disabilities may challenges that thye see thierselves weak in the community eyes | Boys and girls with disabilities get challenges in receiving information about sexual and reproductive health that thye cannot go out properly and most of them out of shcools and community | It depends on the kind of disability they have ex. If they have difficulties with walking they cannot go out properly and get information and in this case they get information from the parents (boys from father and girls from mother). And also from health facility.Boys and girls with disabilities may challenges that thye see thierselves weak in the community eyes | Boys and girls with disabilities get challenges in receiving information about sexual and reproductive health that thye cannot go out properly and most of them out of shcools and community |

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|   | What cultural and religious practices affect health care for girls? Explain.     | This have been explained in the girls FGDs   | The gilrs who have been forced to get married early this may affcet their health to get married in the young age  | This have been explained in the girls FGDs   | The gilrs who have been forced to get married early this may affcet their health to get married in the young age  |
|   | What cultural and religious practices affect health care for boys? Explain.      | There is no cultural and religious practices affect health care for boys   | There is no cultural and religious practices that affect health care for boys   | There is no cultural and religious practices affect health care for boys   | There is no cultural and religious practices that affect health care for boys   |
| How would you describe community perceptions on the use of contraception (pill, IUD and condom)?      | Men's perception:<br>Women's perception<br>girl's perception<br>boy's perception | Overall there are people who see contraception is something good to be used that there are some people who do not have enough income to take care of their children. And some people specially men see it as its not good for the health of women to use | Women have described that they think using of contraception is something good due to the hard living situation, they prefer to not get bring children rather than to have them and they are not able to provide their needs | Overall there are people who see contraception is something good to be used that there are some people who do not have enough income to take care of their children. And some people specially men see it as its not good for the health of women to use | girls have described that they think using of contraception is something good due to the hard living situation, they prefer to not get bring children rather than to have them and they are not able to provide their needs |
| Are some types of contraception more commonly accepted by the community than other? If so which ones? |  | the types of the contraception which more commonly accepted by the community are Pill and IUD  | Mostly women in Al-wahda neighborhood use pill and IUD fro contraception  | the types of the contraception which more commonly accepted by the community are Pill and IUD  | Mostly women in Al-wahda neighborhood use pill and IUD fro contraception  |

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| <p>In your opinion do men and women have equal access to family planning?</p>    |  | <p>yes both men and women have access to the family planning , and they both have their decision</p>  | <p>Some of women have said that women and men both have equal access to family planning ,meanwhile some other explained that men have to decide first because he is the head of the family</p>                                   | <p>yes both men and women have access to the family planning , and they both have their decision</p>  | <p>Some of women have said that women and men both have equal access to family planning ,meanwhile some other explained that men have to decide first because he is the head of the family</p>                                   |
| <p>How are decisions made within the household on the use of contraception)?</p> |  | <p>Usually the decision is made within the family that both are agreed and then women can visit the ealth facility for the use of contraception</p> | <p>The decisions are made within the family that both men and women agree on using contraception, while some men force their women to use contraception because men don't want to use so they tell women they have to use it</p> | <p>Usually the decision is made within the family that both are agreed and then women can visit the ealth facility for the use of contraception</p> | <p>The decisions are made within the family that both men and women agree on using contraception, while some men force their women to use contraception because men don't want to use so they tell women they have to use it</p> |

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| <p>Are there any beliefs or practices that may affect the nutritional status of women, men, girls and boys differently? If so please share.</p> | <ul style="list-style-type: none"> <li>• Men:</li> <li>• Pregnant women:</li> <li>• Women:</li> <li>• Adolescent girls:</li> <li>• Boys &amp; Girls (including babies):</li> <li>• Women and girls with disabilities:</li> <li>• Men and boys with disabilities:</li> </ul> | <p>There are no beliefs or practices that may affect the nutritional status of women,men girls and boys, but only for the people with disability that sometimes people say its funny when see someone with disability this may lead to those people ashame or embarsse</p> | <p>Women have explained that there is no beliefs or practices that may affect the nutritional status of women,men,girls and boys</p>  | <p>There are no beliefs or practices that may affect the nutritional status of women,men girls and boys, but only for the people with disability that sometimes people say its funny when see someone with disability this may lead to those people ashame or embarsse</p> | <p>Women have explained that there is no beliefs or practices that may affect the nutritional status of women,men,girls and boys</p>  |
| <p>Are a lot of women having trouble breastfeeding? (a lot = on an average of 5 women, 3 experience trouble breastfeeding)</p>                  |   | <p>Men think that women don't have trouble breastfeeding</p>   | <p>yes, there are many women who having trouble breastfeeding specially when they are newly deliver their babies, interm of this some of them don't breastfeed their children form the begening</p> | <p>Men think that women don't have trouble breastfeeding</p>   | <p>yes, there are many women who having trouble breastfeeding specially when they are newly deliver their babies, interm of this some of them don't breastfeed their children form the begening</p> |
| <p>Are female and male babies' breastfed differently? Explain</p>   |   | <p>There is no diffrence between boys or girls tha way they should be breastfeeding</p>  | <p>No, female and male babies breastfed equally</p>   | <p>There is no diffrence between boys or girls tha way they should be breastfeeding</p>  | <p>No, female and male babies breastfed equally</p>   |

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| What are the special nutritional needs of                               | Pregnant and breastfeeding women?<br><br>People with HIV/AIDS; | Men have explained that pregnant women and breastfeeding women need to have health insurance and provide them the necessary medicine and vitamins  | Pregnant women and breastfeeding women take vitamin from the health facility, and eat more fruits and vegetables | Men have explained that pregnant women and breastfeeding women need to have health insurance and provide them the necessary medicine and vitamins  | Pregnant women and breastfeeding women take vitamin from the health facility, and eat more fruits and vegetables |
|   |  | There are some people who deliver at home under the care of midwives but mostly people prefer to deliver their babies at the health facility   | Yes, there are some cultural beliefs that women have to deliver their babies at home rather than health facility | There are some people who deliver at home under the care of midwives but mostly people prefer to deliver their babies at the health facility   | Yes, there are some cultural beliefs that women have to deliver their babies at home rather than health facility |
|   |  | There are no cultural beliefs about women delivering in health facility because if they deliver at home there is risk at the baby health care, and it depends on the decision both men and women | yes, some people think it's better and because of the tradition don't let women deliver at the health facility   | There are no cultural beliefs about women delivering in health facility because if they deliver at home there is risk at the baby health care, and it depends on the decision both men and women | yes, some people think it's better and because of the tradition don't let women deliver at the health facility   |
| Are there cultural beliefs about women delivering at home? Explain.     |  |  |  |  |  |
| Are there cultural beliefs about women delivering in a health facility? |  |  |  |  |  |
| <b>Access to the Facility</b>   |  |  |  |  |  |

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| How and where do you currently access health care?         |   | They have access to the health care by cars, and some people who their house near to the health facility go by foot, and some people visit the health facility inside the Al-wahda neighborhood or outside of it | Women said that they have access to the health facility by public transportations                            | They have access to the health care by cars, and some people who their house near to the health facility go by foot, and some people visit the health facility inside the Al-wahda neighborhood or outside of it | girls said that they have access to the health facility by public transportations                            |
| What types of services do you go to the health centre for? |   | Men have explained that they get many types of services and it depend on their health needs  | They get services related to tests,dentist,chronic illness from the health facility in Al-wahda neighborhood | boys have explained that they get many types of services and it depend on their health needs   | They get services related to tests,dentist,chronic illness from the health facility in Al-wahda neighborhood |
|  | <ul style="list-style-type: none"> <li>🚗 Car</li> <li>🚏 Public Transport</li> <li>🚶 Foot</li> </ul> | Usually people visit the health facility by car and public transport   | They usually use public or taxies for accesing health facility   | Usually people visit the health facility by car and public transport   | They usually use public or taxies for accesing health facility   |
| How do you/ or how do most patients come to the PHC        | Distance in km:<br>Number of hours by transport/Foot/Car:   | Most of the patients come to the health facility by car around 200M far,and 10 minutes   | The distance form their houses to the health facility take around hal an hour                                | Most of the patients come to the health facility by car around 200M far,and 10 minutes   | The distance form their houses to the health facility take around hal an hour                                |

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|  | <p>Cost of transport to the PHC (if you use public transport how much does it cost you – both ways there and back):</p> | <p>the costs of transportation to the PHC around 5000 IQD for going and 5000 IQD by coming back home</p>   | <p>Women have explained that it costs them around 5000 IQD for accessing health facility and it become 10,000 IQD for both ways there and backs</p>                   | <p>the costs of transportation to the PHC around 5000 IQD for going and 5000 IQD by coming back home</p>   | <p>girls have explained that it costs them around 5000 IQD for accessing health facility and it become 10,000 IQD for both ways there and backs</p>                   |
|  | <p>Pregnant women</p>   | <p>Pregnant women face challenges accessing the health facility by staying in the car for a long time because of the traffic crowded</p>   | <p>Pregnant women face challenges accessing health facility because they cannot walk as its far and they cannot get taxis everytime because of the lack of income</p> | <p>Pregnant women face challenges accessing the health facility by staying in the car for a long time because of the traffic crowded</p>   | <p>Pregnant women face challenges accessing health facility because they cannot walk as its far and they cannot get taxis everytime because of the lack of income</p> |
|  | <p>Women and adolescent girls with no male family member</p>  | <p>Women and adolescent girls who do not have a male member in the household face challenges sometimes that because of the traditions and culture they should not be alone going out</p> | <p>Women and adolescent girls face challenges accessing health facility because of the culture and traditions that they cannot go there alone</p>                     | <p>Women and adolescent girls who do not have a male member in the household face challenges sometimes that because of the traditions and culture they should not be alone going out</p> | <p>Women and adolescent girls face challenges accessing health facility because of the culture and traditions that they cannot go there alone</p>                     |

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| <p>Who faces challenges accessing the PHC?<br/>         Could you explain the types of challenges they face? (Do not prompt unless required to do so.)</p> | <p>Women and adolescent girls with no transportation or income to pay for the transportation to the PHC and the consultation</p> | <p>the women and adolescent girls with no income face challenges accessing health facility that they depend on their relatives or neighbors</p>      | <p>The females who don't have access to the transportation or income to pay depend on their relatives, neighbors sometimes</p>                                   | <p>the women and adolescent girls with no income face challenges accessing health facility that they depend on their relatives or neighbors</p>      | <p>The females who don't have access to the transportation or income to pay depend on their relatives, neighbors sometimes</p>                                   |
|  | <p>Men headed households with no income</p>  | <p>Men who are headed households with no income also face challenges accessing health facility, they borrow money from their relatives sometimes</p> | <p>Men headed household with no income don't have big challenges accessing health facility because they go their by walk</p>                                     | <p>Men who are headed households with no income also face challenges accessing health facility, they borrow money from their relatives sometimes</p> | <p>Men headed household with no income don't have big challenges accessing health facility because they go their by walk</p>                                     |
|  | <p>Do elderly people have access to the PHC? If not why?</p>   | <p>Elderly people who are the most face challenges accessing health facility that there should be someone with them to help them for accessing</p>   | <p>elderly people face challenges accessing health facility because they need transportation and they don't have enough income to pay for the transportation</p> | <p>Elderly people who are the most face challenges accessing health facility that there should be someone with them to help them for accessing</p>   | <p>elderly people face challenges accessing health facility because they need transportation and they don't have enough income to pay for the transportation</p> |

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| Can women and adolescent girls travel alone to access the facility? | Do men, women, girls and boys with disabilities have access to the PHC? If not why? Do persons with disability have access to mobility aids and assistive devices like walking sticks, wheelchairs, spectacles, hearing aids, or dentures? | The people with disabilities usually face challenges accessing health facility, and inside the health facilities they have access to the assistive devices. And there are some people who cannot access the health facility at all | People with disabilities face challenges accessing health facility and most of them don't go to the PHCC because of the poor income and transportation | The people with disabilities usually face challenges accessing health facility, and inside the health facilities they have access to the assistive devices. And there are some people who cannot access the health facility at all | People with disabilities face challenges accessing health facility and most of them don't go to the PHCC because of the poor income and transportation |
|   | Do child headed households have access to the PHC? If not why?   | If there is a child headed household they would live with their relatives and they help them for accessing health facility   | Child headed household if exist in Al-wahda neighborhood depend on their relatives to access the health facility                                       | If there is a child headed household they would live with their relatives and they help them for accessing health facility   | Child headed household if exist in Al-wahda neighborhood depend on their relatives to access the health facility                                       |
|   | Yes (explain)<br>No (explain)  | Women and adolescent girls cannot travel alone to access the facility, that there should and elderly women or men with them because of the traditions and culture  | Women and adolescent girls can travel alone to the health facility because it's not very far from their houses   | Women and adolescent girls cannot travel alone to access the facility, that there should and elderly women or men with them because of the traditions and culture  | Women and adolescent girls can travel alone to the health facility because it's not very far from their houses   |
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| Can women and adolescent girls with disabilities travel alone to the facility? | Yes (explain)<br>No (explain) | women and adolescent girls with disability cannot travel alone to the health facility because they need help from an elder men to join them  | Women and adolescent girls cannot travel alone to the health facility because they need to have someone with them in terms of transportattion and following instruction in the facility | women and adolescent girls with disability cannot travel alone to the health facility because they need help from an elder men to join them  | Women and adolescent girls cannot travel alone to the health facility because they need to have someone with them in terms of transportattion and following instruction in the facility |
|  |                               | elderly men can travel alone if they can walk propelry but an elder women cannot because they need company from thierm children or relatives to help them                                | Elderly people cannot travel alone to the health facility because they cannot walk and they need someone to help them for transportationa and following instructions                    | elderly men can travel alone if they can walk propelry but an elder women cannot because they need company from thierm children or relatives to help them                                | Elderly people cannot travel alone to the health facility because they cannot walk and they need someone to help them for transportationa and following instructions                    |
| Can elderly people travel alone to the facility?                               | Yes (explain)<br>No (explain) | Males with disablities can travel alone to the health facility alone if they can walk properly and follow the instruction, if they cannot they would need help from their family members | Men and boys can travel alone to the health facility if they don't have problems with walking, and if so they have to not be alone  | Males with disablities can travel alone to the health facility alone if they can walk properly and follow the instruction, if they cannot they would need help from their family members | Men and boys can travel alone to the health facility if they don't have problems with walking, and if so they have to not be alone  |
| Can men and boys with disabilities travel alone to the facility?               | Yes (explain)<br>No (explain) |  |   |  |   |

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| What are the opening hours of the facility?  | Free of charge<br>Small payment<br>Large payment<br>Cost per consultation in local currency: | The facility is open from the morning 8 o'clock to the afternoon 1 o'clock  | The health facility is open from 8:00 am to 2:00 pm                                   | The facility is open from the morning 8 o'clock to the afternoon 1 o'clock   | The health facility is open from 8:00 am to 2:00 pm                                   |
| Does the facility have an ambulance available?<br>Does ambulance go to patient settlement (or community has to take his\her patient to the |  | there is no ambulance inside the general health facility but in the emergency health facility they have ambulance | Women said that they haven't seen the ambulance in the health facility                | there is no ambulance inside the general health facility but in the emergency health facility they have ambulance                | Women said that they haven't seen the ambulance in the health facility                |
| Financial access to facility:  |  | they pay small payments   | Accessing health facility take small payment  | they pay small payments  | Accessing health facility take small payment  |
| Who in the household is responsible for making decisions about the family's health costs?  |  | Woman<br>Men<br>Joint   | Both men and women are responsible for making decisions about the family health costs | Women explained that women are responsible for making decisions about the family costs, because women know more about the family | Both men and women are responsible for making decisions about the family health costs |

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| <p>Is this different in a women headed household? Explain.</p>   |  | <p>Yes, its different for the women headed households that she can be the responsible for the making decisions about the family health costs</p>                                  | <p>Women did not seem to see diffenrence for women headed housheold to making decisions about family healht costs, because they see women are more able to decide in terms of they stay at home more than men</p> | <p>Yes, its different for the women headed households that she can be the responsible for the making decisions about the family health costs</p>                                  | <p>Women did not seem to see diffenrence for women headed housheold to making decisions about family healht costs, because they see women are more able to decide in terms of they stay at home more than men</p> |
| <p>Is this different in a household where the head of the household is living with a disability? Explain</p> |  | <p>If the household is living with disability have mental disability his wife can be responsible for making decisions about family health cost if not both can make decisions</p> | <p>Household with disability cannot make decisions about famliys health care,in this case women can take the lead</p>   | <p>If the household is living with disability have mental disability his wife can be responsible for making decisions about family health cost if not both can make decisions</p> | <p>Household with disability cannot make decisions about famliys health care,in this case women can take the lead</p>   |
| <p><b>Service Provision</b></p>  |  |   |   |   |   |

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| <p>What primary health care services do women use most?</p> | <ul style="list-style-type: none"> <li>‡ Neonatal Care</li> <li>‡ Postnatal Care</li> <li>‡ Information on family planning and/or access to contraception</li> <li>‡ Complications during pregnancy</li> <li>‡ Regular check-up with paediatrician for baby following delivery</li> <li>‡ Breastfeeding and/or child nutrition sessions</li> <li>‡ Skin diseases, UTIs, diarrhea</li> <li>‡ Outreach and information provision sessions (explain</li> </ul> | <p>Primary health care that women use most are Postnatal Care<br/> Information on family planning and/or access to contraception<br/> ,Complications during pregnancy<br/> , Regular check-up with paediatrician for baby following delivery<br/> , Breastfeeding and/or child nutrition sessions</p> | <p>Women use information on family planning and access to contraception for primary health care, and they have mentioned that there is no information about the maternity care</p> | <p>Primary health care that women use most are Postnatal Care<br/> Information on family planning and/or access to contraception<br/> ,Complications during pregnancy<br/> , Regular check-up with paediatrician for baby following delivery<br/> , Breastfeeding and/or child nutrition sessions</p> | <p>Women use information on family planning and access to contraception for primary health care, and they have mentioned that there is no information about the maternity care</p> |
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What primary health care services do men use most?

- ‡ Neonatal Care
- ‡ Postnatal Care
- ‡ Information on family planning and/or access to contraception
- ‡ Complications during pregnancy
- ‡ Regular check-up with paediatrician for baby following delivery
- ‡ Breastfeeding and/or child nutrition sessions
- ‡ Skin diseases, UTIs, diarrhea
- ‡ Outreach and information provision sessions (explain

Primary health care that men use most are tests for the chronic illness, information on family planning

Men usually use information on family planning and regular check-up with paediatrician services in the health facility

Primary health care that men use most are tests for the chronic illness, information on family planning

Men usually use information on family planning and regular check-up with paediatrician services in the health facility

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| <p>What primary health care services do boys (including adolescent boys) use most?</p> | <ul style="list-style-type: none"> <li>‡ Neonatal Care</li> <li>‡ Postnatal Care</li> <li>‡ Information on family planning and/or access to contraception</li> <li>‡ Complications during pregnancy</li> <li>‡ Regular check-up with paediatrician for baby following delivery</li> <li>‡ Breastfeeding and/or child nutrition sessions</li> <li>‡ Skin diseases, UTIs, diarrhea</li> <li>‡ Outreach and information provision sessions (explain</li> </ul> | <p>Boys mostly use Skin diseases, UTIs, diarrhea from the primary health care</p> | <p>Boys use regular check-up with paediatrician and skin diseases, diarrhea services in the health facility</p> | <p>Boys mostly use Skin diseases, UTIs, diarrhea from the primary health care</p> | <p>Boys use regular check-up with paediatrician and skin diseases, diarrhea services in the health facility</p> |
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| <p>What primary health care services do girls (including adolescent girls) use most?</p>                      | <ul style="list-style-type: none"> <li>‡ Neonatal Care</li> <li>‡ Postnatal Care</li> <li>‡ Information on family planning and/or access to contraception</li> <li>‡ Complications during pregnancy</li> <li>‡ Regular check-up with paediatrician for baby following delivery</li> <li>‡ Breastfeeding and/or child nutrition sessions</li> <li>‡ Skin diseases, UTIs, diarrhea</li> <li>‡ Outreach and information provision sessions (explain</li> </ul> | <p>Girls use mostly the Skin diseases, UTIs, diarrhea Outreach and information provision sessions for the primary health care</p>                   | <p>Gilrs usually use skin diseases,diarrhea,Outreach and information provision sessions services in the health facility</p> | <p>Girls use mostly the Skin diseases, UTIs, diarrhea Outreach and information provision sessions for the primary health care</p>                   | <p>Gilrs usually use skin diseases,diarrhea,Outreach and information provision sessions services in the health facility</p> |
| <p>How do the following groups receive information about the services provided by the health care centre?</p> | <ul style="list-style-type: none"> <li>• Women</li> <li>• Adolescent girls</li> <li>• Men</li> <li>• Boys</li> <li>• People with disabilities</li> </ul>  | <p>When they visit the ealth facility and from their neighbors they have information which kind of services are provided in the health facility</p> | <p>Usually whover visit the health facility they see instructions and receive information there</p>                         | <p>When they visit the ealth facility and from their neighbors they have information which kind of services are provided in the health facility</p> | <p>Usually whover visit the health facility they see instructions and receive information there</p>                         |

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| <p>How do women access maternal health care? Do any women face particular challenges? Please explain.</p>   |  | <p>Women have access to the maternal health care in Al-wahda neighborhood, and men see that they don't face a particular challenges</p> | <p>Women have explained that they don't have access to the maternal health care, and they depend on their own information</p> | <p>Women have access to the maternal health care in Al-wahda neighborhood, and men see that they don't face a particular challenges</p> | <p>Women have explained that they don't have access to the maternal health care, and they depend on their own information</p> |
| <p><b>End of interview</b></p>  |  |   |   |   |   |
| <p>Based on the observation during the interview, Please highlight/specify any other issue/recommendations that have not been captured in the questionnaires!</p> |  |   |   |   |   |

| GFFO baseline technical health assessment<br>April 2019<br>Consolidated Qualitative information<br>Qualitative analysis – FGD results | Options | Al-Wahda neighbourhood - Fallujah town  |
|---|---------|---|
|   |         | FGD with KI (Men and women)   |
| Interview date:   |         | 4/17/19   |
| Sex of facilitator:   |         | Male and Female   |
| Number participants:  |         | 4 a Mokhtar and 2 of the PHCC staff   |
| Group sex:  |         | Male and Female   |
| Age range of participants:  |         | 35-60   |
| <b>Hygiene voucher distributions services</b>   |         |   |
| Are you aware of any women headed households in your community? ___ If yes, how many and where are they living?                       |         | Yes there are few women headed household living in the Al-wahda neighborhood, some of them live in their old houses and some other in the tents |
| Are you aware of any child headed households in your community? _ If yes, how many and where are they living?                         |         | There is no child headed household living in the Al-wahda neighborhood  |
| Do you know of any men living without their family (because they have not moved their family back yet)?                               |         | They are not aware of men living without their family   |
| Do you know of people in your community that have trouble seeing or hearing or communicating? _ (How many? Where do they live?)       |         | There are many people who have trouble seeing or hearing or communicating in Al-wahda neighborhood  |

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| <p>Do you know of people in your community that have difficulties walking/climbing steps? ___ (How many? Where do they live?)</p>                                     |   | <p>Yes there are some people who have born with this kind of difficulties and they live with their families</p>   |
| <p>Do you know of people in your community that have difficulties remembering or with self-care (washing or dressing themselves): (How many? Where do they live?)</p> |   | <p>Yes there are some people who have born with this kind of difficulties remembering or with self-care and they live with their families</p>                                     |
| <p>Currently what is the percentage of returnees in comparison to the host/remainee community?</p>  | <ul style="list-style-type: none"> <li>👤 0-20%</li> <li>👤 21-50%</li> <li>👤 51-75%</li> <li>👤 More than 75%</li> <li>👤 I am not sure but more than one family returns every week</li> </ul> | <p>Currently the percentage of returnees in comparison to the host/remainee community around 50%</p>  |
| <p>Where do the IDPs live? (skip if answered "no" to question 1)</p>  | <ul style="list-style-type: none"> <li>👤 with family/host</li> <li>👤 in makeshift shelter</li> <li>👤 Other</li> </ul>   | <p>There is no IDPs living in the neighborhood but there are people who have damaged their houses during the crises and currently they are living in the unfinished biuldings</p> |
| <p>Where do the returnees live?</p>   | <ul style="list-style-type: none"> <li>👤 with family/host</li> <li>👤 in makeshift shelter</li> <li>👤 original home (destroyed)</li> <li>👤 Other</li> </ul>                                  | <p>The returnees mostly live in their houses and the other famlies live in rented houses</p>  |
| <p>How would you describe the relationship between the host community (remainees) and returnees? (Explain)</p>  |   | <p>the relationship between the host community(remainees) and returnees is very good that they have not faced an issue related to this</p>  |

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| <p>Do you know of any women headed households living alone with their children in this community?</p>           | <p> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> (if "no" go straight to question 10) </p>   | <p>Yes, and mostly they live in their original houses but there are some of them are living in the rented houses</p>   |
| <p>Do you know of any adolescent girl headed households living alone with their children in this community?</p> | <p> <input type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> (if "no" go straight to question 10) </p>   | <p>There is no adolescent girl headed households living with their children in this community</p>  |
| <p>Are these women/and or adolescent girls</p>  | <p> <input checked="" type="checkbox"/> IDPs<br/> <input checked="" type="checkbox"/> Returnees<br/> <input checked="" type="checkbox"/> From the host community </p>                        | <p>The women headed household who live alone with their children are mostly returnees</p>  |
| <p>What type of housing do they live in?</p>  |  | <p>Mostly they live in their original houses but there are some of them are living in the rented houses</p>  |
| <p>Do you think this situation could put these women/and or girls and their children at risk?</p>               | <p> <input checked="" type="checkbox"/> Yes<br/> <input checked="" type="checkbox"/> No<br/> <input type="checkbox"/> I don't know<br/> <input type="checkbox"/> I prefer not to answer </p> | <p>Yes this situation may put these women/girls and their children at risk , because of the culture and traditions they don't have access to their rights</p>  |
| <p>If yes, what risks do girls face? Explain</p>  |  | <p>the risk that may put girls and women at risk are their hard living situation, bargaining bribe that happening in the town generally and they also may face harrasment and they may feel weak in the community's eyes</p> |
| <p>Only with women FGDs, What risk face women? Explain.</p>   |  | <p>There were no woemn invloved in this interview</p>  |
| <p>Are there women and/or girls in your community with disabilities? Explain</p>                                |  | <p>Yes, there are females with disabilities and they don't have access to a good living situation because they don't have the chance as the normal people as around them</p>   |

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| <p>Are any of these women and/or girls with disabilities single headed households? Explain.</p>                          |   | <p>Yes, there are few women with disabilities headed household, and they depend on their adult boys to work for them</p>   |
| <p>Do you think the situation could put these women and girls with disabilities and their children at risk? Explain.</p> |   | <p>The current situation is stable that these girl and women with disabilities may not face any issues</p>   |
| <p>What risks do men from the returnee or remainee community face? Explain.</p>  |   | <p>There is no risk that men may face from the returnee or remainee community unless they don't have access to the jobs</p>  |
| <p>What risk do boys from the returnee or remainee community face? Explain.</p>  |   | <p>Boys may face the risk related to their education and they may see that their future is not that bright as before the crises</p>  |
| <p><b>Community Leader Interview-Community Changes</b></p>   |   |  |
| <p>Is the concerned population displaced as a result of the crisis?</p>  | <ul style="list-style-type: none"> <li>☑ Yes</li> <li>☑ No</li> <li>☑ I don't know</li> <li>☑ I prefer not to answer</li> </ul> | <p>Yes, but not all the people that a part of them stayed in their homes because they couldn't get out of the neighborhood and some other have left the neighborhood as a result of crisis</p> |

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| <p>If yes, what kind of community does the concerned population live in since the crisis? Please specify from the list below</p>                 | <ul style="list-style-type: none"> <li>‡ In a host community</li> <li>‡ Unorganized settlement</li> <li>‡ Public building (school, Abandoned building, etc.)</li> <li>‡ Returnees living in village/home of origin</li> <li>‡ Returnees in a secondary displacement</li> </ul> | <p>The community does the concerned population live in since the crisis are unorganized settlement, host community and abandoned buildings</p>  |
| <p>Who manages the community?</p>  | <ul style="list-style-type: none"> <li>‡ Government</li> <li>‡ Armed forces</li> <li>‡ Local community leaders</li> <li>‡ Non-state armed groups</li> <li>‡ If "other," please specify:</li> </ul>   | <p>In current situation armed forces and local community leaders manage the community</p>   |
| <p>What are some of the major problems that the community is facing?</p>   |  | <p>The major problems that the community is facing are health care, job opportunities and safety</p>  |
| <p>Are there any specific groups in the community that experience particular problems?</p>   | <ul style="list-style-type: none"> <li>‡ Yes</li> <li>‡ No</li> </ul> <p>Specify the groups and problems they experience:</p>  | <p>yes, such as women and children have experienced problems related to the safety and culture that they couldn't go easy with the hard situation that happened to them, for example they don't have access to the enough medicines and social support since the crisis</p> |
| <p>Are there reports of unaccompanied children ("children that are not living with parents or customary/legal caregivers) in this community?</p> | <ul style="list-style-type: none"> <li>‡ Yes</li> <li>‡ No</li> </ul> <p>If yes, explain with whom/ are they living? (Other adults, child-headed households?)</p>  | <p>The interviewers have explained that they don't think there are reports of unaccompanied children</p>  |

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| <p>Are people with disabilities able to work? If not, why not? What type of work?</p>  |  | <p>People with disabilities cannot work because of the lack of the job opportunities, and if there are some people with disabilities who work they have started their work before the crisis and people who their disability is not related to walking and climbing they have more chance to works</p>    |
| <p>Who controls family resources and assets? (How are decisions in the household made on the use of money)?</p>                                |  | <p>Usually men work in the family and he is responsible for the income in this case men control family resources and assets, some families men take responsibility and in some other both men and women are responsible</p>   |
| <p>What new coping mechanisms are individuals within families having to use in order to fulfil their roles and responsibilities?</p>           |  | <p>People in Al-wahda neighborhood trying to keep the family together and each of the family individual try to have a job for contributing the family costs</p>   |
| <p>What social/cultural structures does the community use to make decisions? How do women in these? How do men participate in these?</p>       |  | <p>Usually community make decisions according to their beliefs and knowledge and the individuals can follow those decisions. Women are that group that community trying to give them a role but the role mostly goes to the men that because community understand that men are the head of the family</p> |
| <p>Are any groups excluded from these social/cultural structures? Are people with disabilities? Older people? People from minority groups?</p> |  | <p>The decisions are made for including all the groups within the community that for example they want to build a PHCC they take the consideration of the people with disabilities access and other groups</p>  |

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| <p>Are these structures different from the structures that were in the community before the crisis? If yes, then how so?</p>  |                    | <p>The interviewers have replied that the structure are more specific than before the crises because since the crises the life of all the people have been changed and the structures should be contributing to their situation</p>               |
| <p>Access to Basic Services</p>   |                    |   |
| <p>What services are safely available to men, women, boys and girls in this community?<br/>(Explain what we mean by safely-for example mobility restrictions, curfew, lack of light, long distance, women and girls not being able to access the services alone would not be considered safe access).</p> | <p>Wash</p>        | <p>The interviewers have explained that they have access to Wash services, and they don't face issues in term of this</p>   |
|   | <p>Shelter</p>     | <p>They have access to the shelters that they live in their original houses and some other liv in the rented houses. There are some people who their original house have been damaged and they had to put a tent in the place of their houses</p> |
|   | <p>Health Care</p> | <p>they have access to the health care services but not all the services, that the health faciliy in the Al-wahda neighborhood don't have access to the enough medicines and specialists</p>  |
|   | <p>Livelihood</p>  | <p>They face challenges in term of livelihood that they don't have access to the jobs opportunities, there are some people who have worked before the crises in different fields,now they don't see themselves to work in lower filed work</p>    |
|   | <p>Education</p>   | <p>In Al-wahda neighborhood they have shcools and teachers bt people were complaining about the education system</p>  |

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|  | Food   | They have access to the food in the markets available in the neighborhood  |
|  | Protection   | There is no specific center or government level providing protection services, but tribal leaders and religious leaders have the role in protection  |
| What risks might the following groups face in accessing these services?  | <ul style="list-style-type: none"> <li>• Men:</li> <li>• Women:</li> <li>• Boys:</li> <li>• Girls:</li> <li>• People with disabilities</li> </ul>  | These groups may face risk accessing these services specially (protection, health care) as they don't have the full access, in term of this they ay face risk related to their health and daily life |
| How do you receive information about these services? Explain   |  | They usually receive information from the sector leaders, neighbors and talk by mouth  |
| How do you communicate information to the rest of the community?   | <ul style="list-style-type: none"> <li>• Through other community leaders (Mukhtars)</li> <li>• Are there women's groups?</li> <li>• Religious leaders?</li> <li>• Through schools?</li> <li>• Other community based</li> </ul> | Through other community leaders, religious leaders and they don't have women groups,   |
| If available, please note the organization offering these services   |  | There are few organization providing livelihood and health services  |
| If any of the above services are not available in the community, ask the informant to specify (if possible) where the community goes to access some of the |  | People usually go out of the neighborhood or Fallujah country for accessing the services that are not available here such as they go to Baghdad  |

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| <p>Is everyone in the community able to access the above services? If not, why?</p>   | <ul style="list-style-type: none"> <li>• Priority is given to men/boys</li> <li>• No female staff providing services</li> <li>• Lack of sufficient medicines at health facilities</li> <li>• Girls/women/people with disabilities not permitted to access their services by their families</li> <li>• Not safe for girls/women/people with disabilities to travel to the service sites</li> <li>• Locations of services are not convenient for girls/women/people with disabilities</li> <li>• Hours are not convenient for girls/women</li> <li>• Services not accessible for people with disabilities or older people (for example are you aware of people with disabilities being unable to leave their homes? Why?)</li> <li>• Information about services is not available to certain groups... which?</li> </ul> | <p>People do have the access to the services but they face challenges accessing the sufficient medicines at health facilities and some of the specialists are not available</p> |
| <p>How would you describe the mobility of (can they move freely where they want when they want? Or are they confined to certain spaces? Please explain:</p> | <ul style="list-style-type: none"> <li>• Women</li> <li>• Adolescent girls</li> <li>• Boys</li> <li>• Men</li> <li>• People with disabilities</li> <li>• Elderly people</li> </ul>  | <p>Yes all the people can move freely except the females cannot move in the night and there should be someone with them in terms of safety and traditions</p>                   |

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| <p>Do girls and women go outside the community to earn income to meet basic needs?</p>  | <p>♂ Yes<br/> ♂ No<br/> If yes, then where?</p> | <p>No, usually the females who work they work inside the community</p>  |
| <p>What are women doing to generate income to meet their basic needs?</p>   | <p>List all types of work)</p>                  | <p>Because of the lack of jobs, a part of them are doing nothing and who do the jobs they work as teacher, chef, pharmaceuticals..etc</p>   |
| <p>What are men doing to generate an income to meet their basic need?</p>   |   | <p>Men usually work in the government employees, army level, daily worker in constructions, independent trade</p>   |
| <p>What are people with disabilities doing to generate income to meet basic needs?</p>  |   | <p>People with disabilities don't have access to the jobs suh as other people , and if they work they can only work as government employeaa and the people who don't have difficulties with walking</p> |
| <p>Do you know of children (boys &amp; girls) having to work to generate an income? If yes, what type of work do they do?</p> |   | <p>Boys and girls going to their school, and girls only help their mother at home, but there are also some boys work in Bazar for selling things out</p>  |

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| <p>Are you aware of other coping strategies families have adopted to meet their basic needs? (Sell livestock, marry a daughter etc.). Please explain</p> |   | <p>they were not aware of other coping strategies family</p>  |
| <p style="text-align: center;">Health Services</p>   |   |   |
| <p>Are you aware of any challenges women and/or adolescent girls face in accessing sexual and reproductive maternal health services? Explain</p>         |   | <p>Yes, as girls and women living in the community that follow culture and traditions they face challenges hving access to the sexual reproductive maternal health</p>  |
| <p>What are the local beliefs and practices on pregnancy and birth?</p>  | <ul style="list-style-type: none"> <li>• Are any of these harmful for women?</li> <li>• Harmful to men?</li> <li>• Harmful to girls?</li> <li>• Harmful to boys?</li> </ul> | <p>Usually women deliver their babies at the ealth fcaility , but there are also midwives in the community some women deliver under their care, and these traditions related to the midwives is harmful for women because they need to visit the health fcaility anyway</p> |
| <p>How and where do women get information about sexual and reproductive maternal health?</p>   |   | <p>Womana and girls doesn't have a good source of information about sexual and reproductive maternal health except the health facility</p>  |
|  | <p>Where do men get information about sexual reproductive and maternal health?</p>  | <p>Because of the traditions men don't follow any source of receiving information about SRMH , but there is TV,PHCC and any other source for getting information</p>  |
| <p>Could you describe community perceptions about accessing SRMH services?</p>   | <p>What cultural and religious practices affect health care for women? Explain.</p>   | <p>There is no cultural and religious practices affcet health care for women</p>  |

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| <p>Do women and men with disabilities talk about and/or get information about health differently?</p> | <p>What cultural and religious practices affect health care for men? Explain.</p>                              | <p>There is no cultural and religious practices affect health care for men</p>                      |
|   | <p>Where and how do women with disabilities get information about sexual and reproductive maternal health?</p> | <p>women with disabilities get information form their family female members about SRMH</p>          |
|   | <p>Where do men with disabilities get information about sexual reproductive and maternal health?</p>           | <p>Men with disabilities get information form their family male members about SRMH</p>              |
|   | <p>What cultural and religious practices affect health care for people with disabilities? Explain</p>          | <p>There is no cultural and religious practices affect health care for people with disabilities</p> |
|   | <p>Where &amp; how do girls get information about sexual and reproductive health?</p>                          | <p>Girls usually receive information about SRMH from school and mother</p>                          |

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| Do girls and boys talk about and/or get information about health differently? | Where do boys get information about sexual reproductive health?                                 | Boys get information about SRMH from the school and close friends  |
|   | Where& how adolescent girls receive information about sexual reproductive and maternal health?  | Adolescent girls usually receive information about SRMH from school and mother   |
|   | How do adolescent girls out of school receive information about sexual and reproductive health? | the adolescent girls out of school depend on their females family members of getting information about SRMH  |
|   | Do girls or boys with disabilities face particular challenges?                                  | Gilrs and boys with disablities don't face challenegs accessign information about SRMH because they receive ifnromation from their same sex family members |
|   | What cultural and religious practices affect health care for girls and boys? Explain            | There is no cultural and religious practices that affect health care for boys and girls  |

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| <p>How would you describe community perceptions on the use of contraception (pill, IUD and condom)?</p>  | <p>Men's perception:</p> <p>Women's perception:</p> <p>Are some types of contraception more commonly accepted by the community than other? If so which ones?</p> <p>In your opinion do men and women have equal access to family planning</p> | <p>Both men and women see the use of contraception is a good choice because of their hard living situation they cannot take care of children, and women usually use pill and IUD for the contraception</p> |
| <p>Are there any beliefs or practices that may affect the nutritional status of women, men, girls and boys differently? If so please share</p> | <ul style="list-style-type: none"> <li>• Men:</li> <li>• Pregnant women:</li> <li>• Women:</li> <li>• Adolescent girls:</li> <li>• Boys &amp; Girls (including babies):</li> <li>• Women and girls with</li> </ul>                            | <p>There is no beliefs or practices that may affect the nutritional status of women, men, boys and girls</p>   |
| <p>Are there cultural beliefs about women delivering at home? Explain</p>  |   | <p>Yes, there are some people prefer to deliver their babies at home, while there</p>  |

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| <p>Are there cultural beliefs about women delivering in a health facility? Explain</p>                  |  | <p>are many other people who prefer to deliver at health facility</p>   |
| <p>Access to the Health Facility</p>  |  |   |
| <p>How do you/ or how do most patients come to the PHC?</p>   | <p>Car<br/>Public<br/>Transport<br/>Foot</p> | <p>They have access by car and public transportation to the health facility from the Al-wahda neighborhood</p>                      |
| <p>How do heavily pregnant women access the facility?</p>   | <p>If no why not?</p>                        | <p>Pregnant women have access to the health facility by car from their neighbors,relatives and their own car</p>                    |
| <p>How do people with disabilities (sensory, mental and physical) access the facility?</p>              | <p>If no why not?</p>                        | <p>People with disabilities have access to the health facility with help form their family members</p>                              |
| <p>Who faces challenges accessing the PHC?<br/>Could you explain the types of challenges they face?</p> |  | <p>There are people facing challenges accesing PHCC those people who don't have enough income and their homes far form the PHCC</p> |

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| <p>Do groups identified as particularly vulnerable like older people and persons with disability use mobility aids and assistive devices like walking sticks, wheelchairs, spectacles, hearing aids, or dentures? Do they have access to essential medicines?</p> <p>Can women and adolescent girls travel alone to access the facility? Explain.</p> <p>Who in the household is responsible for making decisions about the family's health costs?</p> | <p>Distance in km:</p> <p>Number of hours by transport/Foot/Car:</p> <p>Cost of transport to the PHC (if you use public transport how much does it cost you – both ways there and back):</p> <p>Men<br/>Women<br/>Joint</p> | <p>Around 5000 IQD cost them for visiting PHCC, and It is far around 3 km</p> <p>Women can travel alone accessing PHCC but adolescent girls cannot there should be someone with them</p> <p>Usually men and women both together are responsible for making decisions about the familys health cost</p> |
| <p>GBV Service Provision</p>   |   |  |

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| <p>Do women and girls have access to these services? If yes indicate which services they have access to and who provides these services.</p>   | <p>Service<br/> Food Assistance<br/> Shelter<br/> Non-Food Items (NFI)<br/> Livelihood Opportunities<br/> Education<br/> Primary Health Care Services (including SRMH and psychological support)<br/> Drinking &amp; Cooking water<br/> Dignity Kits<br/> Women Friendly Spaces<br/> Latrines<br/> Cooking fuel<br/> Vocational training<br/> Other</p> | <p>The interviewers have explained that women and girls have not received a lot of services but there were few organizations that were providing primary health care services, non-food items, but they were not aware of the names of the organization</p> |
| <p>Do women and adolescent girls with disabilities have access to the same services? If yes, how? If no, why not?</p>  |   | <p>Yes if there were some services all people have access to them</p>   |
| <p>If there are services women and girls do not have access to what are the reasons for this? If several services have been identified please list each service followed by the reasons why women and girls do not have access to these services</p> | <p>If there are services women and girls do not have access to what are the reasons for this? If several services have been identified please list each service followed by the reasons why women and girls do not have access to these services</p>  | <p>Girls and women don't have access to the services related to the GBV case</p>  |

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| <p>If the services are not adapted to the needs of women and girls with and without disabilities how could they be improved?</p> | <p>Priority is given to men<br/>         † Not safe to access the services (explain)<br/>         † Culturally not acceptable for women and girls to access these services<br/>         † Not adapted to women and girls needs<br/>         † Hours are not convenient for women and girls</p> | <p>that the community that they are living in is following the culture and traditions</p>  |
| <p>Protection Concerns</p>   |  | <p>There should be the services for the women and girls that will make their living situation better</p>                                 |
| <p>Has there been an increase in security concerns since the emergency?</p>  |  | <p>Yes, since the crises people now feel that in any moment something may happen again, but inside the neighborhood it's safe enough</p> |

What are the most significant safety and security concerns in this community?  
(Select all that apply)

- No safe place in the community
- Sexual violence/abuse (outside the home)
- Physical violence in the streets (shooting and beating)
- Psychological violence (harassment)
- Conflict related violence
- Violence in the home
- Risk of attack when traveling outside the community
- Risk of attack when going to latrines, local markets, etc. Please specify:
- Being asked to marry by their families
- Trafficking
- Unable to access services and resources
- Don't Know
- Other:

Are their specific protection needs of women, men, boys, and girls and people with disabilities in this community? What are the risks for each group? What is the location of the risk?

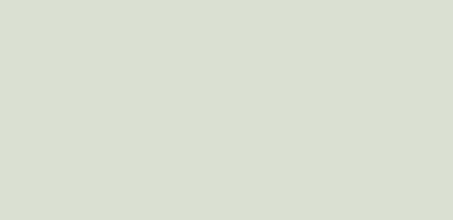
The most significant safety and security concerns in this community are psychological violence, risk of attack when travelling, trafficking

People generally need to have access to the international safety and the services that they don't have access to them, they may face the risk related to their going out at the night

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| <p>Do women and girls usually travel outside the community in groups or alone?</p>  | <ul style="list-style-type: none"> <li>• Alone/individually</li> <li>• In groups (with other girls and women)</li> <li>• Only with a man/boy chaperon</li> </ul>  | <p>Women and girls travel outside of the community in groups (with other women and men)</p>  |
| <p>Do women and girls with disabilities face additional barriers in moving around and outside the community? Please explain</p>   |   | <p>Yes, before the crisis because of the traditions and culture they couldn't move freely and since the crisis because of the safety they can move but only in the day light</p> |
| <p>Are there any coping mechanisms adopted by men, women, girls and boys, people with disabilities in this community to address different protection threats or minimize their protection problems? Explain for each group</p> <p>When community members have been victims of some form of violence, to whom do they most often go to for help?</p> | <ul style="list-style-type: none"> <li>• Men</li> <li>• Women</li> <li>• Girls</li> <li>• Boys</li> <li>• Women, Men, Girls and Boys with disabilities</li> <li>• Family member</li> <li>• Community leader</li> <li>• Police</li> <li>• NGO working with women</li> <li>• Any female aid worker</li> <li>• Friend of the same sex</li> <li>• Medical services</li> <li>• Don't Know</li> <li>• Other:</li> </ul> | <p>Yes, as people usually raise their issues to the sector leaders or religious leaders on this community</p>  |
| <p>What happens when the victim/survivor of the violence is a child? Is the same process followed?</p>  |   | <p>When the victim is a child their parent take the lead of solving the problem</p>  |

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| <p>What will the community say if a survivor of sexual violence seeks support from medical or other services?</p>          |   | <p>In the community when someone is seeks support from medical (psychology) they try to go secretly,and if nay other services if its fine in the community they go publicly</p> |
| <p>Do any of the following groups have access to the settlement?</p>   | <ul style="list-style-type: none"> <li>• Military</li> <li>• Informal militia groups</li> <li>• Police</li> <li>• None of the above</li> </ul> <p>Other (explain)</p> | <p>Yes, military and police have access to the settlement</p>   |
| <p>Has there been a noticeable increase in rape/sexual violence being reported since the emergency occurred?</p>           |   | <p>There are some cases that yes it has been increased in some ways but people prefer not to report because of the culture</p>  |
| <p>Are you aware of any reports of sexual abuse or exploitation? Yes No<br/>Prefer not to answer.<br/>If yes, by whom?</p> | <ul style="list-style-type: none"> <li>• Government</li> <li>• Military</li> <li>• Police</li> <li>• NGOs</li> <li>• Other:</li> </ul>                                | <p>No,usually people trying to fix these kind of issues between them</p>  |
| <p>What safety measures have been put in place by the community to minimize the risk of gender based violence? Explain</p> |   | <p>There are military forces in the community but not all the time, and community leaders are as the measure for minimize the risk</p>  |

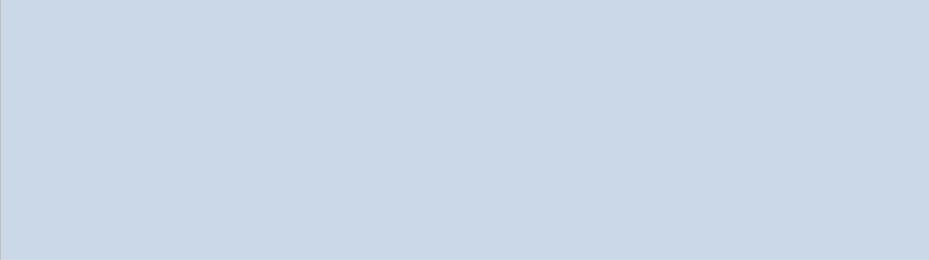
Are there safe shelters or places that community members can go to if they feel unsafe?  
If so, where? Are these shelters accessible to people with disabilities?



There is no safe shelter or place that community members can go to if they feel unsafe,each men is responsible of their family members

**End of interview**

Based on the observation during the interview, Please highlight/specify any other issue/recommendations that have not been captured in the questionnaires!



**Thanks for your time and contribution!**

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| <b>GFFO baseline technical health assessment</b><br><b>April 2019</b><br><b>Consolidated Qualitative information</b><br><b>Qualitative analysis – FGD results</b> | <b>Options</b> | <b>Al-Wahda neighbourhood - Fallujah town</b>   |
|   |                | <b>FGD with Men, women, people with disability</b>  |
| <b>Interview date:</b>  |                | 15-16/4/2019  |
| <b>Sex of facilitator:</b>  |                | Male and Female   |
| <b>Number participants:</b>   |                | 8(A women have 3 children with disabilities, 2 men with disabilities,A widowed women living with her relatives,a men who have a child with disabilities,an elderly men,female headed household) |
| <b>Group sex:</b>   |                | Male and Female   |
| <b>Age range of participants:</b>   |                | 35-60   |
|   |                | <b>To be noticed that people with disabilities only answered the questions related to their disabilities as they did not have enough information about the neighbourhood</b>                    |
| <b>Demographics (to be completed when conducting KIIs and household visits)</b>   |                |   |
| Are you aware of any women headed households in your community? ___ If yes, how many and where are they living?   |                | In household visit it have been mentioned that they know about women headed household in the community including some of them   |

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| <p>Are you aware of any child headed households in your community? _ If yes, how many and where are they living?</p>  |  | <p>There is no child headed household in Al-wahda neighborhood</p>   |
| <p>Do you know of any men living without their family (because they have not moved their family back yet)?</p>  |  | <p>there is no men living without their family</p>   |
| <p>Do you know of people in your community that have trouble seeing or hearing or communicating? _ (How many? Where do they live?)</p>                                |  | <p>It have been explained that there are many people who have trouble seeing or hearing or communicating including elderly people and children</p>                                   |
| <p>Do you know of people in your community that have difficulties walking/climbing steps? ____ (How many? Where do they live?)</p>                                    |  | <p>Elderly people and people with disabilities who have difficulties walking/climbing steps living with their families</p>   |
| <p>Do you know of people in your community that have difficulties remembering or with self-care (washing or dressing themselves): (How many? Where do they live?)</p> |  | <p>The people who have been interviewed said that they know some people who have difficulties remmebering or self care including their some of their children and elderly people</p> |

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| <p>Currently what is the percentage of returnees in comparison to the host/remainee community?</p>              | <ul style="list-style-type: none"> <li>‡ 0-20%</li> <li>‡ 21-50%</li> <li>‡ 51-75%</li> <li>‡ More than 75%</li> <li>‡ I am not sure but more than one family returns every week</li> </ul> | <p>the percentage of returnees in comparison to the host/remainee community is around 50%</p>                                   |
| <p>Where do the IDPs live? (skip if answered "no" to question 1)</p>  | <ul style="list-style-type: none"> <li>‡ with family/host</li> <li>‡ in makeshift shelter</li> <li>‡ Other</li> </ul>   | <p>There is no IDPs but there are some families who have lost their house(damaged) and they live in unfinished building</p>     |
| <p>Where do the returnees live?</p>   | <ul style="list-style-type: none"> <li>‡ with family/host</li> <li>‡ in makeshift shelter</li> <li>‡ original home (destroyed)</li> <li>‡ Other</li> </ul>                                  | <p>The majority live in their original house and the rest live in the rented houses</p>   |
| <p>How would you describe the relationship between the host community (remainees) and returnees? (Explain)</p>  |   | <p>the relationship between the host community and returnees is very good</p>   |
| <p>Do you know of any women headed households living alone with their children in this community?</p>           | <ul style="list-style-type: none"> <li>‡ Yes</li> <li>‡ No</li> <li>‡ (if "no" go straight to question 10)</li> </ul>   | <p>yes, there are few women headed household living alone with their children in this community including some interviewers</p> |
| <p>Do you know of any adolescent girl headed households living alone with their children in this community?</p> | <ul style="list-style-type: none"> <li>‡ Yes</li> <li>‡ No</li> <li>‡ (if "no" go straight to question 10)</li> </ul>   | <p>There is no adolescent girl headed households living alone with their children in Al-wahda neighborhood</p>                  |

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| Are these women/and or adolescent girls   | <ul style="list-style-type: none"> <li>‡ IDPs</li> <li>‡ Returnees</li> <li>‡ From the host community</li> </ul>                | These women are returnees and host community   |
| What type of housing do they live in?   |   | They are living in their original houses and some of them living in the temporary houses   |
| Do you think this situation could put these women/and or girls and their children at risk?                        | <ul style="list-style-type: none"> <li>‡ Yes</li> <li>‡ No</li> <li>‡ I don't know</li> <li>‡ I prefer not to answer</li> </ul> | Yes, this situation may put these women/girls at risk as they cannot provide their children needs and they don't have access to jobs   |
| If yes, what risks do girls face? Explain   |   | the risk that girls may put them at risk is that to face harrasment ,they see themselves weak in the community eyes and the hard living situation because of the poor income           |
| Only with women FGDs, What risk face women? Explain.  |   | Women may face risk related to their poor ioncome and they don't have access to the jobs opportunities   |
| Are there women and/or girls in your community with disabilities? Explain   |   | there are few womena and girls with disablities living in the Al-wahda neighborhood, they face many challenges to reach the health facility and social support                         |
| Are any of these women and/or girls with disabilities single headed households? Explain.                          |   | Some of them are women headed household and some other are young girls but they couldn't get to school and health facility   |
| Do you think the situation could put these women and girls with disabilities and their children at risk? Explain. |   | Yes, this situation may out these girls and women at risk, that they need someone else to help them and they may face challenges connecting to the community except the family members |

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| <p>What risks do men from the returnee or remainee community face? Explain.</p>   |  | <p>Men from the returnee or remainee community face that they don't have access to the job opportunities, general health care and the safety</p>  |
| <p>What risk do boys from the returnee or remainee community face? Explain.</p>   |  | <p>Boys from the returnee or remainee community face risk at their education that some of them have left the school, and who going to school currently they don't have access to a good education system</p>  |
| <p><b>FGDs and Household Interviews</b></p>   |  |   |
| <p>What changes have you or the community experienced since the crisis?<br/>Probe: what changes have you experienced as a woman/man/boy/girl</p>          | <p> <input type="checkbox"/> Yes<br/> <input type="checkbox"/> No<br/> <input type="checkbox"/> I don't know<br/> <input type="checkbox"/> I prefer not to answer         </p> | <p>There are many changes that the community have experienced since the crises, women have faced changes related to their psycho status, financialy and some of them have faced heart attack, men have experienced many changes such as psychologically , trauma in terms of emigration</p> |
| <p>Of those changes, which is the most significant and why?<br/>Probe: how were things before the crisis?<br/>How are things now? Why does it matter?</p> |  | <p>The most significant changes people have faced are related to their health and living situation. Things before were going normal for all the people but after the emigration everything have been changed including emigration and unemployment</p>                                      |
| <p>Who has been affected by these changes?<br/>Please describe?</p>   |  | <p>Elderly people, children and women are the most who have been affected by these changes that according to traditions and cultures they are more weak than men and other people</p>   |
|   | <p>Women</p>   | <p>Women mostly need to have access health facility, services, and jobs opportunities, specially a good health care for pregnant women</p>  |
|   | <p>Men</p>   | <p>Men mostly need to have access to the jobs opportunities, services and safety</p>  |

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| In your opinion what are the main needs of: | Boys                     | Boys need to have access to the schools, and a good education system   |
|   | Girls                    | Girls to have access to the health facility that provide special health care for girls, education system   |
|   | People with disabilities | People with disability need to have access to health insurance, social support, assistive devices to move freely   |
|   | Elderly people           | Elderly people need to have access to the services and a place to breathe in, social support and health insurance  |
|   | Wash                     | The interviewers have explained that they have access to Wash services, and they don't face issues in terms of this  |
|   | Shelter                  | They have access to the shelters that they live in their original houses and some other live in the rented houses. There are some people whose original houses have been damaged and they had to put a tent in the place of their houses |
|   | Health Care              | They have access to the health care services but not all the services, that the health facility in the Al-wahda neighborhood doesn't have access to enough medicines and specialists   |

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| <p>How would you describe access to the following services? Allow the respond to explain if there is access and who has access?</p> | <p>Livelihood</p>   | <p>They face challenges in term of livelihood that they don't have access to the jobs opportunities, there are some people who have worked before the crises in different fields,now they don't see theirselves to work in lower filed work</p>                |
|   | <p>Education</p>  | <p>In Al-wahda neighborhood they have shcools and teachers bt people were complaining about the education system</p>   |
|   | <p>Food</p>   | <p>They have access to the food in the markets available in the neighborhood</p>   |
|   | <p>Protection</p>   | <p>There is no specific center or government level providing protection services, but tribal leaders and religious leaders have the role in protection</p>   |
| <p>Who works in the household? Please describe</p>  | <p>What type of work do women do?<br/>What type of work do men do?<br/>Can people with disabilities work?</p> | <p>usually men work in the family but if the opportunities available women also work as there are some women cook within the house and sale them out to the restaurants . And also there are men who work as daily worker,government level and trade field</p> |
| <p>Can women leave the neighbourhood/town to look for work? If not why not?</p>   |   | <p>Women cannot leave the neighborhood to look for work,but inside the neighborhood they can work</p>  |

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| <p>Can men leave the neighbourhood/town to look for work? If not why not?</p>  |   | <p>Men can leave the neighborhood to look for work</p>  |
| <p>Who is considered to have power in your community?</p>  |   | <p>usually men in general have power in the community, and religious leaders and tribal leaders have power in the community</p>   |
| <p>What factors contribute to individuals or people in your community having power?</p>  | <ul style="list-style-type: none"> <li>• Local authorities</li> <li>• Community leaders (Mukhtars)</li> <li>• Religious leaders</li> <li>• Individuals with big properties and businesses</li> <li>• Men in general</li> <li>• Money</li> <li>• Having a job</li> <li>• Employment in the security forces</li> <li>• Access to education</li> <li>• Age (elderly person)</li> <li>• Tribal (explain)</li> </ul> | <p>The interviewers have emphasized that local authorities, community leaders, men in general and government levels field work contribute individuals in the community having power</p>                               |
| <p>How would you describe the mobility of (can they move freely where they want when they want? Or are they confined to certain spaces? Please explain</p> | <ul style="list-style-type: none"> <li>• Women</li> <li>• Adolescent girls</li> <li>• Boys</li> <li>• Men</li> <li>• People with disabilities</li> <li>• Elderly people</li> </ul>  | <p>Men in general can move freely, but women and people with disabilities cannot move freely and if they move they have access to some certain places such as (health facility, shops) and they cannot move alone</p> |
| <p><b>General Health Needs &amp; Practices</b></p>   |   |   |

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|---|---|---|
| How has the health of the population changed since the crisis?  | Are women and men affected differently by diseases or other health problems?  | The health of women have been changed since the crises that the health care services which have been provided before the crises are not available in current situation, and this lead the women to face health problems |
|   | Are girls and boys affected differently by diseases or other health problems?                                       | The health of girls have been changed in Al-wahda neighborhood that before the crices they were not facing psycologic problems and skin disease but currently many of girls are faced these kind of issues              |
|   | Are women and girls with disabilities and men and boys with disabilities affected differently by diseases or health | femal with disabilities have faced problems about psychologs more than the physics  |
|   | If so, what is the breakdown disaggregated by sex, age and disability?  | the breakdown disggreated of these people are including all the ages  |
| Who provides health care to whom? (For example, do local beliefs and practices let male health workers care for women?)   |   | According to the community the health workers care should be the same sex as the patients   |
| What are the local beliefs and practices on pregnancy and birth, disposal of dead bodies, menstrual hygiene, washing, water use, cooking and animal care? Please describe |   | Local beliefs and practices are with the idea that women deliver at home, but some people prefer to deliver at the health facility  |
| Are any of these harmful for women, men, girls or boys?   |   | The idea of deliverig at home may be harmful to women and put their health at risk  |

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| Do women and men talk about and/or get information about health differently?                   | How and where do women get information about sexual and reproductive maternal health?                   | People said that women usually get information about sexual reproductive and maternal health from the health facility and in terms of their experiences                       |
|  | Where do men get information about sexual reproductive and maternal health?                             | Men get information about sexual reproductive and maternal health from their wives and Tv   |
|  | What cultural and religious practices affect health care for women? Explain                             | The idea of deliverig at home that came from the cultural and these practices may affect the health care of women   |
|  | What cultural and religious practices affect health care for men? Explain                               | there is no culturan and religious practices that may affect health care fro men  |
| Do women and men with disabilities talk about and/or get information about health differently? | Where and how do women with disabilities get information about sexual and reproductive maternal health? | Female with disabilities don't have access to a place to get information about sexual and reproductive maternal health unless they visit the health facility                  |
|  | Where do men with disabilities get information about sexual reproductive and maternal health?           | men with disablities usually depend on close people around them to get information about sexual and reproductive maternal health  |
|  | What cultural and religious practices affect health care for people with disabilities? Explain          | In their opinion they don't see cultural and religious practices may affect their health care, but they really need to have access to the health insurance and social support |
|  | Where & how do girls get information about sexual and reproductive health?                              | The interviewers have replied that gilrs depend on their mother and schools to get information about sexual and reproductive health   |

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| Do girls and boys talk about and/or get information about health differently?                         | Where do boys get information about sexual reproductive health?                                 | Boys get information about sexual and reproductive health from their close friends and internet                     |
|   | How do adolescent girls out of school receive information about sexual and reproductive health? | The adolescent girls only have their mother as a source of getting information about sexual and reproductive health |
|   | Do girls or boys with disabilities face particular challenges?                                  | Gilrs and boys with disbalities may miss some information as they don't have access to the shcools and PHCC         |
|   | What cultural and religious practices affect health care for girls? Explain.                    | There is no culturan and religious practices that may affect health care for girls                                  |
|   | What cultural and religious practices affect health care for boys? Explain.                     | There is no culturan and religious practices that may affect health care for boys                                   |
| How would you describe community perceptions on the use of contraception (pill, IUD and condom)?      | Men's perception:<br>Women's perception<br>girl's perception                                    | The interviewers don't seemed to have information about the use of contraception                                    |
| Are some types of contraception more commonly accepted by the community than other? If so which ones? |   | there wasn't any response on this question  |

In your opinion do men and women have equal access to family planning?

they said that women and men both have equal access to family planning

How are decisions made within the household on the use of contraception)?

The decision is made with discussion and maybe men offer the idea first and then women contribute to the idea

Are there any beliefs or practices that may affect the nutritional status of women, men, girls and boys differently? If so please share.

- Men:
- Pregnant women:
- Women:
- Adolescent girls:
- Boys & Girls (including babies):
- Women and girls with disabilities:
- Men and boys with disabilities:

There is no beliefs or practices that may affect the nutritional status of women, men, boys and girls

Are a lot of women having trouble breastfeeding? (a lot = on an average of 5 women, 3 experience trouble breastfeeding)

Some women don't breastfeed their children from the beginning and depend on the other products from the markets and some others breastfeed their children as much as they think there is enough milk to breastfeed the children

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| <p>Are female and male babies' breastfed differently? Explain</p>              |  | <p>There is no different by breastfeeding female and male babies</p>  |
| <p>What are the special nutritional needs of</p>                               | <p>Pregnant and breastfeeding women?<br/>People with HIV/AIDS;</p> | <p>They need to have access to the health facility and get vitamins and a special food style as they need to eat more vegetables and the food that consist of vitamins</p>                      |
| <p>Are there cultural beliefs about women delivering at home? Explain.</p>     |  | <p>There are some families prefer their pregnant women deliver at home because of the culture and midwives take care of them</p>  |
| <p>Are there cultural beliefs about women delivering in a health facility?</p> |  | <p>Some people who have access to the health facility prefer pregnant women to deliver at the health facility because if something happened the specialists doctors will be available there</p> |
| <p><b>Access to the Facility</b></p>   |  |   |
| <p>How and where do you currently access health care?</p>                      |  | <p>They have access to the health facility form the Al-wahda neighborhood</p>   |

What types of services do you go to the health centre for?

The provided services are different and each person visit the PHCC for different purposes, some of them have chronic illness and they have to go there by weekly or monthly and some other go for the general tests, but they were complaining that PHCC don't provide all the services and sometimes they have to visit Baghdad

- ↑ Car
- ↑ Public Transport
- ↑ Foot

Some people have access to the health facility by feet and some other go by public transportation

How do you/ or how do most patients come to the PHC

Distance in km:  
Number of hours by transport/Foot/Car:

It is far around 3 km

Cost of transport to the PHC (if you use public transport how much does it cost you – both ways there and back):

Around 5000 IQD cost them for visiting PHCC

Pregnant women

Women in general face challenges accessing PHCC because of the cultural and beliefs

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| <p>Who faces challenges accessing the PHC?<br/>         Could you explain the types of challenges they face? (Do not prompt unless required to do so.)</p> | <p>Women and adolescent girls with no male family member</p>  | <p>Women in general face challenges accessing PHCC because of the cultural and beliefs</p>   |
|  | <p>Women and adolescent girls with no transportation or income to pay for the transportation to the PHC and the consultation</p>  | <p>Females with no transportation or income face real challenges accessing the PHCC because some of their homes are far from the PHCC and they cannot go there by foot</p> |
|  | <p>Men headed households with no income</p>   | <p>Men headed household don't face particular challenges accessing the PHCC because he can go there by walk</p>  |
|  | <p>Do elderly people have access to the PHC? If not why?</p>  | <p>Elderly people face challenges accessing PHCC because there should be a transportation for them and they cannot go there alone</p>                                      |
|  | <p>Do men, women, girls and boys with disabilities have access to the PHC? If not why? Do persons with disability have access to mobility aids and assistive devices like walking sticks, wheelchairs, spectacles, hearing aids, or dentures?</p> | <p>People with disabilities face real challenges accessing PHCC because they need to have access to the transportation and assistive devices first</p>                     |

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|   | <p>Do child headed households have access to the PHC? If not why?</p> | <p>There is no child headed household in Al-wahda neighborhood</p>   |
| <p>Can women and adolescent girls travel alone to access the facility?</p>            | <p>Yes (explain)<br/>No (explain)</p>                                 | <p>Women and adolescent girls cannot travel alone to access the facility, that there should be elderly women or men with them because of the traditions and culture</p>                        |
| <p>Can women and adolescent girls with disabilities travel alone to the facility?</p> | <p>Yes (explain)<br/>No (explain)</p>                                 | <p>Women and adolescent girls cannot travel alone to the health facility because they need to have someone with them in terms of transportation and following instructions in the facility</p> |
| <p>Can elderly people travel alone to the facility?</p>                               | <p>Yes (explain)<br/>No (explain)</p>                                 | <p>Elderly people cannot travel alone to the health facility because they cannot walk and they need someone to help them for transportation and following instructions</p>                     |
| <p>Can men and boys with disabilities travel alone to the facility?</p>               | <p>Yes (explain)<br/>No (explain)</p>                                 | <p>Men and boys can travel alone to the health facility if they don't have problems with walking, and if so they have to not be alone</p>  |

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| <p>What are the opening hours of the facility?</p>   |  | <p>The health facility is open from 8:00 am to 2:00 pm</p>  |
| <p>Does the facility have an ambulance available? Does ambulance go to patient settlement (or community has to take his\her patient to the place of PHCC)?</p> |  | <p>Women said that they havent seen the ambulance in the health facility</p>  |
| <p>Financial access to facility:</p>   | <p>Free of charge<br/>Small payment<br/>Large payment<br/>Cost per consultation in local currency:</p> | <p>Accessing health facility take small payment</p>   |
| <p>Who in the household is responsible for making decisions about the family's health costs?</p>   | <p>Woman<br/>Men<br/>Joint</p>   | <p>Women explained that women are responsible for making decisions about the family costs, because women know more about the family</p>   |
| <p>Is this different in a women headed household? Explain.</p>   |  | <p>Women did not seem to see diffenrence for women headed housheold to making decisions about family healht costs, because they see women are more able to decide in terms of they stay at home more than men</p> |

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| <p>Is this different in a household where the head of the household is living with a disability? Explain</p> |   | <p>Household with disability cannot make decisions about famliys health care,in this case women can take the lead</p> |
| <p><b>Service Provision</b></p>  |   |   |
| <p>What primary health care services do women use most?</p>  | <ul style="list-style-type: none"> <li>‡ Neonatal Care</li> <li>‡ Postnatal Care</li> <li>‡ Information on family planning and/or access to contraception</li> <li>‡ Complications during pregnancy</li> <li>‡ Regular check-up with paediatrician for baby following delivery</li> <li>‡ Breastfeeding and/or child nutrition sessions</li> <li>‡ Skin diseases, UTIs, diarrhea</li> <li>‡ Outreach and information provision sessions (explain</li> </ul> | <p>They have answered that women usually use neonatal and postnatal care for primary health care</p>                  |

What primary health care services do men use most?

- † Neonatal Care
- † Postnatal Care
- † Information on family planning and/or access to contraception
- † Complications during pregnancy
- † Regular check-up with paediatrician for baby following delivery
- † Breastfeeding and/or child nutrition sessions
- † Skin diseases, UTIs, diarrhea
- † Outreach and information provision sessions (explain

They seemed that they don't have information about the primary health care that men use

What primary health care services do boys (including adolescent boys) use most?

- † Neonatal Care
- † Postnatal Care
- † Information on family planning and/or access to contraception
- † Complications during pregnancy
- † Regular check-up with paediatrician for baby following delivery
- † Breastfeeding and/or child nutrition sessions
- † Skin diseases, UTIs, diarrhea
- † Outreach and information provision sessions (explain

Boys only use the tests and diarrhea as primary health care

|   |   |   |
|---|---|---|
| <p>What primary health care services do girls (including adolescent girls) use most?</p>  | <ul style="list-style-type: none"> <li>† Neonatal care</li> <li>‡ Postnatal Care</li> <li>‡ Information on family planning and/or access to contraception</li> <li>‡ Complications during pregnancy</li> <li>‡ Regular check-up with paediatrician for baby following delivery</li> <li>‡ Breastfeeding and/or child nutrition sessions</li> <li>‡ Skin diseases, UTIs, diarrhea</li> <li>‡ Outreach and information provision sessions (explain</li> </ul> | <p>Girls only use the tests and diarrhea as primary health care</p>   |
| <p>How do the following groups receive information about the services provided by the health care centre?</p>   | <ul style="list-style-type: none"> <li>• Women</li> <li>• Adolescent girls</li> <li>• Men</li> <li>• Boys</li> <li>• People with disabilities</li> </ul>  | <p>Whoever visit the health facility they can get information about the provided services by the PHCC</p>   |
| <p>How do women access maternal health care? Do any women face particular challenges? Please explain.</p>   |   | <p>Women are the weakest group that face challenges in the community related to everything and for the maternal health care they don't have access to the all needed services</p>   |
| <p><b>End of interview</b></p>  |   |   |
| <p>Based on the observation during the interview, Please highlight/specify any other issue/recommendations that have not been captured in the questionnaires!</p> |   | <p>The people who have been interviewed asked to have sopecial care for the people with disabilities because they face real challenges in most of their daily life,in terms of the health care,social support sympathy from the community</p> |

**Thanks for your time and contribution!**

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| <b>GFFO baseline technical health assessment</b><br><b>April 2019</b><br><b>Consolidated technical information</b><br><b>Technical analysis results</b>  | <b>Options</b>   | <b>Al-Wahad PHCC</b>                       |            |
|  |  | <b>Interview with PHCC manager and DoH</b> |            |
| <b>Interview date:</b>   |  | 4/15/19                                    |            |
| <b>Sex of facilitator:</b>   |  | Male                                       |            |
| <b>Number participants:</b>  |  | 1  |            |
| <b>PHCC GPS coordinates:</b>   |  | Latitude:                                  | Longitude: |
| <b>1. General Information</b>  |  |  |            |
| 1.2. Health Centre demographic data (Include demographics of who accesses this PHC for example on average how many men, women, girls and boys, with and without disabilities, of diverse ages and levels of mobility access the services? If DoH can provide this information it would be great if not maybe the doctors and medical staff can provide rough estimates): |  |  |            |
| 1.3. Point of delivery type:   | <ul style="list-style-type: none"> <li>• Hospital</li> <li>• Health Center</li> <li>• Health post</li> <li>• Clinic</li> <li>• Other</li> </ul>                    | Point of delivery type is health care      |            |
| 1.4. Management:   | <ul style="list-style-type: none"> <li>• Ministry of Health</li> <li>• NGOs</li> <li>• A combination of (Ministry of Health and NGOs)</li> <li>• Others</li> </ul> | Ministry of health                         |            |

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|---|--|-------------------------------|
| Is facility / outreach site temporary or permanent?         | <ul style="list-style-type: none"> <li>• Temporary</li> <li>• Permanent</li> </ul>   | Permanent                     |
| Has facility / material been damaged?                       | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>  | Yes                           |
| If Yes what type of damage? (Select the appropriate answer) | Building:<br><ul style="list-style-type: none"> <li>- Full damage</li> <li>- Partial damage</li> </ul>                           | Partial damage                |
|   | Equipment:<br><ul style="list-style-type: none"> <li>- Full damage</li> <li>- Partial damage</li> </ul>                          | Equipment, full damaged       |
|   | Medical supplies:<br><ul style="list-style-type: none"> <li>- Full damage</li> <li>- Partial damage</li> </ul>                   | Medical supplies full damaged |
| <b>2. General Health Needs &amp; Practices</b>              |  |                               |
|   | <ul style="list-style-type: none"> <li>• Are women and men affected differently by diseases or other health problems?</li> </ul> |                               |

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| <p>2.1. How has the health of the population changed since the crisis?</p>   | <ul style="list-style-type: none"> <li>• Are girls and boys affected differently by diseases or other health problems?</li> </ul>   |  |
| <p>2.2. Who provides health care to whom? (For example, do local beliefs and practices let male health workers care for women?)</p>  | <ul style="list-style-type: none"> <li>• Are women and girls with disabilities and men and boys with disabilities affected differently by diseases or health problems?</li> <li>• If so, what is the breakdown disaggregated by sex, age and disability?</li> </ul> |  |
| <p>2.3. What are the local beliefs and practices on pregnancy and birth, disposal of dead bodies, menstrual hygiene, washing, water use, cooking and animal care? Please describe.</p> | <ul style="list-style-type: none"> <li>• Are any of these harmful for women, men, girls or boys?</li> </ul>   |  |
|  | <p>How and where do women get information about sexual and reproductive maternal health?</p>  |  |

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| 2.4. Do women and men talk about and/or get information about health differently? | Where do men get information about sexual reproductive and maternal health?                             |  |
|   | What cultural and religious practices affect health care for women? Explain.                            |  |
|   | What cultural and religious practices affect health care for men? Explain.                              |  |
| Wome  | Where and how do women with disabilities get information about sexual and reproductive maternal health? |  |
|   | Where do men with disabilities get information about sexual reproductive and maternal health?           |  |
|   | What cultural and religious practices affect health care for people with disabilities? Explain.         |  |
|   | Where & how do girls get information about sexual and reproductive health?                              |  |



2.7. How would you describe community perceptions on the use of contraception (pill, IUD and condom)?

- Men's perception:
- Women's perception:
- Adolescent girl's perception:

• Are some types of contraception more commonly accepted by the community than other? If so which ones?

• In your opinion do men and women have equal access to family planning

• How are decisions made within the household on the use of contraception)?

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2.8. Are there any beliefs or practices that may affect the nutritional status of women, men, girls and boys differently? If so please share.

- Men:
  -
- Pregnant women:
  -
- Women:
  -
- Adolescent girls:
  -
- Boys & Girls (including babies):
  -
- Women and girls with disabilities:
  -
- Men and boys with disabilities:

2.9. Are a lot of women having trouble breastfeeding? (a lot = on an average of 5 women, 3 experience trouble breastfeeding)

- Yes
- No

Are female and male babies breastfed differently? Explain.

- Yes
- No

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| <p>2.10. What are the special nutritional needs of:</p>                                       | <ul style="list-style-type: none"> <li>• Pregnant and breastfeeding women?</li> <li>• People with HIV/AIDS; and</li> <li>• Other groups identified as vulnerable?<br/>Explain who these groups are.</li> </ul> |  |
| <p>2.11. What is the nutritional status of women of childbearing age?</p>                     |  |  |
| <p>2.12. What are the levels of anemia?</p>   |  |  |
| <p>2.13. Are there cultural beliefs about women delivering at home? Explain.</p>              |  |  |
| <p>2.14. Are there cultural beliefs about women delivering in a health facility? Explain.</p> |  |  |
| <p><b>3. Access to the Facility</b></p>   |  |  |

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|---|---|--|
| <p>3.1. Access to facility (Do the transect walk think about who is missing: young, old, people with disabilities, women, men, etc and document your observations below):</p> |   |  |
| <p>How do you/ or how do most patients come to the PHC</p>  | <p>👤 Car   👤 Public Transport   👤 Foot</p>  |  |
|   | <p>Distance in km:                      Number of<br/>hours by transport/Foot/Car:</p>                                  |  |
|   | <p>Cost of transport to the PHC (if you use public transport how much does it cost you – both ways there and back):</p> |  |

|   |  |  |
|---|--|--|
| <p>Who faces challenges accessing the PHC? Could you explain the types of challenges they face? (Do not prompt unless required to do so.)</p> | <ul style="list-style-type: none"> <li>• Pregnant women?</li> <li>• Women and adolescent girls with no male family member?</li> <li>• Women and adolescent girls with no transportation or income to pay for the transportation to the PHC and the consultation?</li> <li>• Men headed households with no income?</li> <li>• Do elderly people have access to the PHC? If not why?</li> <li>• Do men, women, girls and boys with disabilities have access to the PHC? If not why? Do persons with disability have access to mobility aids and assistive devices like walking sticks, wheelchairs, spectacles, hearing aids, or dentures?</li> <li>• Do child headed households have access to</li> </ul> |  |
| <p>3.2.Can women and adolescent girls travel alone to access the facility?</p>  | <ul style="list-style-type: none"> <li>• Yes (explain)</li> <li>• No (explain)</li> </ul>  | <p>No, they can travell with their family membrs</p> |

|  |   |   |
|--|---|---|
| <p>3.3. Can women and adolescent girls with disabilities travel alone to the facility?</p>   | <ul style="list-style-type: none"> <li>• Yes (explain)</li> <li>• No (explain)</li> </ul> | <p>No, they can travel with their family members</p>  |
| <p>3.4. Can elderly people travel alone to the facility?</p>   | <ul style="list-style-type: none"> <li>• Yes (explain)</li> <li>• No (explain)</li> </ul> | <p>Elderly people specially who face difficulty with walking they have to travel with their family members or relatives</p> |
| <p>3.5. Can men and boys with disabilities travel alone to the facility?</p>   | <ul style="list-style-type: none"> <li>• Yes (explain)</li> <li>• No (explain)</li> </ul> | <p>They can travel alone but not all the men and boys</p>   |
| <p>3.6. Describe the facility: Are there ramps? Stairs? Shade and a waiting area that is private? Is there a gate or is the PHC on a main road? How far is the PHC from the UDOC centre (KM and walking distance)?</p> |   | <p>In the facility there are ramps, stairs, and waiting area that is not private, and the gate is in the main road</p>      |
| <p>3.7. What are the opening hours of the facility?</p>  |   | <p>its open from 8:30 am to 2:00 pm</p>   |
| <p>3.8. Does the facility have an ambulance available? Does ambulance go to patient settlement (or community has to take his/her patient to the place of PHCC)?</p>  |   | <p>Yes there is the ambulance and its available 24/7 hours, and the number of ambulance is (07822550140)</p>                |

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| <p>3.9. 1.1.10 Financial access to facility :</p>   | <ul style="list-style-type: none"> <li>• Free of charge</li> <li>• Small payment</li> <li>• Large payment</li> </ul> <p>Cost per consultation in local currency:</p>  | <p>Accessing the health facility take small payments , cost per local currency is 1000 IQD</p>  |
| <p>3.10. Who in the household is responsible for making decisions about the family's health costs?</p>              | <p>Woman ♀ Men ♂ Joint</p>  | <p>Usually men and sometimes jointly are responsible for making decisions about the familys health costs</p>  |
| <p>3.11. is this different in a women headed household? Explain.</p>  |   | <p>A women headed housheold is responsible herself for making decisions about the family health costs</p>   |
| <p>3.12. Is this different in a household where the head of the household is living with a disability? Explain.</p> |   | <p>head of the household living with disablities his wife is responsible for making decisions about the familys health costs</p>  |
| <p><b>4. Service Provision</b></p>  |   |   |
| <p>4.1. What primary health care services do women and girls use most?</p>  | <p>♀ Neonatal Care ♀ Postnatal Care ♀ Information on family planning and/or access to contraception ♀ Complications during pregnancy ♀ Regular check-up with pediatrician for baby following delivery ♀ Breastfeeding and/or child nutrition sessions ♀ Skin diseases, UTIs, diarrhea ♀ Outreach and information provision sessions (explain). Other (please describe if comfortable doing so-for example psychological services)</p> | <p>The primary health care servcies do women and girls use most are neonatal care,information on family planning, complications during pregnancy and breastfeeding nutrition sessions</p> |

|   |  |  |
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| <p>4.2. What primary health care services do men and boys use most?</p>   | <p> <ul style="list-style-type: none"> <li>‡ Information on family planning and/or access to contraception</li> <li>‡ Complications during pregnancy</li> <li>‡ Regular check-up with pediatrician for baby following delivery</li> <li>‡ Breastfeeding and/or child nutrition sessions</li> <li>‡ Skin diseases, UTIs, diarrhea</li> <li>‡ Outreach and information provision sessions (explain)_____</li> <li>‡ Other (please describe if comfortable doing so-for example psychological services)</li> </ul> </p> | <p>Men usually use skin disease and regular tests as primry health care services</p> |
| <p>1.3. What is the name of the closest referral service? What type of services are provided? Explain.</p>      | <p> <ul style="list-style-type: none"> <li>• Is an ambulance available for referrals?</li> <li>• Yes</li> <li>• No</li> </ul> </p>   | <p>Momen medical hospital, Fallujah hospital, yes the ambulance for referrals</p>    |
| <p>• If yes, how many ambulance are available in each PHCC\ hospital?</p>                                       | <p>1 2 or 3</p>  | <p>Only one ambulance</p>  |
| <p>• Are ambulances and drivers available 24\7 hours?</p>   | <p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> </p>   | <p>Yes they are available 24/7 hours</p>   |
| <p>• Are drivers' available 24\7 hours?</p>   | <p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> </p>   | <p>Yes</p>   |
| <p>• Are there other vehicles or modes of transportations available for referrals that are not emergencies?</p> |  |  |

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| <p>1.4. Is ambulance fully equipped with supplies and paramedic?</p>   | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>   | <p>The ambulance is fully equipped with supplies and paramedic</p> |
| <p>1.5. Are community-based health services delivered in the catchment area of the health facility:</p>                      | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>   | <p>yes,number of village midwives is 2,</p>                        |
| <ul style="list-style-type: none"> <li>• Are there locations that are completely isolated (no service provision)?</li> </ul> | <ul style="list-style-type: none"> <li>• No</li> <li>• Yes, explain.</li> </ul>   |  |
| <p>What types of services do they provide? (Describe)</p>  |   |  |
| <p>1.6. Who provides health care in this facility (please include number of staff and disaggregate by gender for each):</p>  | <ul style="list-style-type: none"> <li>• Nurses:</li> <li>• Medical doctors:</li> <li>• Medical assistance:</li> <li>• Vaccinators:</li> <li>• Midwives:</li> <li>• Lab technicians:</li> <li>• Public health officers:</li> <li>• Gynecologist:</li> <li>• Psychological counselor:</li> <li>• Other:</li> </ul> |  |
|  | <p>Antibiotics:</p> <ul style="list-style-type: none"> <li>• Available</li> <li>• Unavailable</li> </ul>  |  |



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|  | <p>DPT:</p> <ul style="list-style-type: none"> <li>• Available</li> <li>• Unavailable</li> </ul> <p>Polio:</p> <ul style="list-style-type: none"> <li>• Available</li> <li>• Unavailable</li> </ul> <p>BCG:</p> <ul style="list-style-type: none"> <li>• Available</li> <li>• Unavailable</li> </ul> <p>Functioning cold chain:</p> <ul style="list-style-type: none"> <li>• Available</li> <li>• Unavailable</li> </ul> |  |
| <b>2. Technical Breakdown of services available</b>  |  |  |
| <p><b>2.1. Registry</b><br/>C01.Deaths and births certification:</p>   | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>  |  |
| <p>If they are not made in Fallujah where are they are made?</p>   |  |  |
| <p>Do people have to pay for issuing the birth\death certificates (i.e. transportation, document payment...etc.)?<br/>If yes how much?</p> |  |  |

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| What if a person/couple cannot pay?  |   |  |
| How do couples who do not have marriage certificates access birth certificates for their children? What is the procedure? What are the costs involved? |   |  |
| C02. Others(e.g. population movements, registry of pregnant women, newborn children, breast feeding women):  | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |
| <b>2.2. Primary Care</b><br><b>General Clinical Services</b><br><br>Outpatient services  | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |
| P11. Outpatient services   | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |
| P12. Basic laboratory :  | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |
| P13. Short hospitalization capacity(5-10 beds):  | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |
| P14. Referral capacity (referral producers , means of communication, transportation):  | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |

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| <p><b>2.3. Secondary and Tertiary Care</b></p> <p><b>S1. General Clinical Services</b><br/> S11. Inpatients services (medical, pediatrics and obstetrics and gynecology wards):</p> | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |
| <p>S12. Emergency and elective surgery:</p>   | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |
| <p>S13. Laboratory services (including public health laboratory):</p>   | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |
| <p>S14. Blood bank services</p>   | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |
| <p>S15. X-ray service::</p>   | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |
| <p>Are physical rehabilitation services availability?</p>   |   |  |
| <p>Where is the nearest available physical rehabilitation service? Can people access it?</p>  |   |  |
| <p><b>2.4. Child Health</b></p> <p>Do you conduct any outreach on this?</p>   | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |

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| <p>If “Yes” explain: (Who is targeted? How are they targeted? Who leads the outreach? Where is it conducted? Who attends?)<br/>Who leads the outreach?</p>                       |   |  |
| <p>Do you face any challenges in accessing certain target audiences? For example are community mobilization efforts reaching older people/people with disabilities? Explain.</p> |   |  |
| <p>P21. EPI (routine immunization against all national target diseases and adequate cold chain in place):</p>  | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |
| <p>P22. Under 5 clinic conducted by IMCI-trained health staff:</p>   | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |
| <p>P23. Screening of under 5/ pregnant mothers for malnutrition (growth monitoring or MUAC or W/H, H/A):</p>   | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |
| <p>C31. Screening of acute malnutrition (MUAC):</p>  | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |
| <p>C32. Follow up of children enrolled in supplementary / therapeutic feeding (trace defaulters):</p>  | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |
| <p>C33. Community therapeutic of acute malnutrition:</p>   | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |

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| C21. IMCI community component (IEC of child care taker + active case findings):  | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |
| C22. Home- based treatment of fever/ malaria, ARI/ pneumonia, dehydration due to acute diarrhea:                           | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |
| C23. Community / mobilization for and support to mass vaccination campaigns and/ or mass drug administration/ treatment:   | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |
| <b>2.5. Communicable Diseases</b><br>C41. Vector control (IEC + impregnated bed nets + in/ out door insecticide spraying): | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |
| C42. Community mobilization for and support to mass vaccinations and/ or drugs Administration/ treatment:                  | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |
| Does the communication mobilization target women and men separately? If so how? Explain.                                   |   |  |
| What catchment area is targeted for the community mobilization efforts? Explain.   |   |  |
| Are community mobilization efforts reaching older people/people with disabilities? Explain                                 |   |  |

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| C43. IEC on locally priority diseases (e.g. TB self-referral, others:  | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |
| What catchment area is targeted for the community mobilization efforts?  |   |  |
| <b>2.6. Sexual and Reproductive Health (SRH): STI &amp; HIV/ AIDS</b>  |   |  |
| P51. Syndromic management of sexuality transmitted infection   | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |
| P52. Standard precautions (disposable needles & syringes, safety sharp disposal containers, personal protective equipment(PPE), sterilizer, p91) : | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |
| P53. Availability of free condoms:   | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |
| P54. Prophylaxis and treatment of opportunistic infections:  | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |
| P55. HIV counseling and testing:   | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |

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| <p>P56. Prevention of mother-to-child HIV transmission(PMTCT)</p>   | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |
| <p>P57. Antiretroviral treatment (ART):</p>   | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |
| <p>Where are counseling sessions for men conducted? Women? Explain.</p>   |   |  |
| <p>Is this place accessible for people with disabilities? Explain.</p>  |   |  |
| <p>C51. Community leaders advocacy on STI / HIV:</p>  | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |
| <p>C52. IEC on prevention of STI / HIV infections and behavioral communication :</p>  | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |
| <p>How the IEC material is communicated- what channels are employed to ensure that groups identified as vulnerable can access them? For example people with</p> |   |  |
| <p>C53. Ensure access to free condoms:</p>  | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |

If yes, how? Where and when are condoms distributed? Explain.

**2.7. Fertility issues (SRMH)**

• Is there a dep.\ specialist in the PHCC that deals with fertility problems?

If not, is a referral pathways available?  
How far is the closest facility?

• Could you share how many men and how many women come for consultations on fertility issues on a monthly basis?

- Do you also have visits from adolescent girls? How many?
- Adolescent boys? How many?
- Do you also see women with disabilities? How many?
- Men with disabilities? How many?

o any particular groups face challenges in accessing these services?

- Yes, please explain.
- No, please explain.

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| <ul style="list-style-type: none"> <li>• Can women with disabilities access these services? How?</li> </ul>  |   |  |
| <ul style="list-style-type: none"> <li>• Can adolescent girls access these services? How?</li> </ul>   |   |  |
| <p>P61. Family planning: (What type of contraception is provided? Condom, IUD, implant, pills, injection...)</p>   | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |
| <p>List the type of contraception available:</p>   |   |  |
| <p>P62. Antenatal care: access pregnancy, birth and emergency plan, respond to problems (observed and/or reported), advice/ counsel on self-care and family planning ,preventive treatment(s) as appropriate:</p>    | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |
| <p>P63. Skilled care during childbirth for clean and safe normal delivery</p>  | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |
| <p>P64. Essential newborn care: basic newborn resuscitation + warmth (recommended method: Kangaroo Mother Care - KMC) + eye prophylaxis + clean cord care + early and exclusive breast feeding 24/24 &amp; 7/7::</p> | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |

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| <p>P65. Basic essential obstetric care (BEOC):</p> <ol style="list-style-type: none"><li>1. parenteral antibiotics + oxytocic/anticonvulsant drugs +</li><li>2. manual removal of placenta</li><li>1. removal of retained products</li><li>2. manual vacuum aspiration (MVA)</li><li>3. assisted vaginal delivery 24/24 &amp; 7/7:</li></ol> |  |  |
| <p>P66. Post-partum care: examination of mother and newborn (up to 6 weeks), respond to observed signs, support breast feeding, promote family planning :</p>  |  |  |
| <p>P67. Comprehensive abortion care: safe induced abortion for all legal indications, uterine evacuation using MVA or medical methods, antibiotic prophylaxis, treatment of abortion complications, counselling for abortion and post abortion contraception :</p>   |  |  |
| <p>Please describe challenges faced by women and adolescent girls in accessing</p>   |  |  |

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| <ul style="list-style-type: none"> <li>• Do you provide tailored support for adolescent girls?</li> </ul>   | <ul style="list-style-type: none"> <li>• Yes, where and how?</li> <li>• No</li> </ul>                     |  |
| <ul style="list-style-type: none"> <li>• Do you provide tailored support for women with disabilities?</li> </ul>  | <ul style="list-style-type: none"> <li>• Yes, where and how?</li> <li>• No</li> </ul>                     |  |
| <ul style="list-style-type: none"> <li>• Do you provide tailored support for adolescent girls with disabilities?</li> </ul>   | <ul style="list-style-type: none"> <li>• Yes, where and how?</li> <li>• No</li> </ul>                     |  |
| <p>Do you provide tailored support for pregnant and lactating women who are HIV positive?</p>   | <ul style="list-style-type: none"> <li>• Yes, where and how?</li> <li>• No</li> </ul>                     |  |
| <ul style="list-style-type: none"> <li>• Is there any financial\social support provided to women and adolescent girls who have babies with polio, heart disease, brain or any other disease?</li> </ul> | <ul style="list-style-type: none"> <li>• Yes, where and how?</li> <li>• No</li> </ul>                     |  |
| <p><b>2.9. Sexual and Gender-based violence services (SRMH)</b><br/>Do you have a GBV focal point?</p>  | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>                                     |  |
| <p>Has the personnel benefited from Clinical Management of Rape training?</p>   | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> <p>If yes, how many and by who?</p> |  |
| <p>Are there PEP kits available?</p>  | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>                                     |  |

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| <p>Has the personnel been trained on GBV prevention and mitigation?</p>         | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> <p>If yes, how many and by who?</p> |  |
| <p>Has the personnel been trained on how to handle child GBV survivors?</p>     | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> <p>If yes, how many and by who?</p> |  |
| <p>Do you have the after morning pill available?</p>                            | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>                                     |  |
| <p>Are there social worker available?</p>                                       | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>                                     |  |
| <p>Please describe how a young woman can access these services?</p>             |   |  |
| <p>Please describe how a young man can access these services?</p>               |   |  |
| <p>Please describe how a girl can access these services?</p>                    |   |  |
| <p>Please describe how a young boy can access these services?</p>               |   |  |
| <p>Please describe how a women with disabilities can access these services?</p> |   |  |

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| Please describe how a man with disabilities can access these services?                                      |   |  |
| Can girls with disabilities access these services? If not, why?   |   |  |
| Can boys with disabilities access these services? If not, why not?  |   |  |
| Do particular groups face challenges in accessing these services? Please explain which groups and why.      |   |  |
| Are there safe spaces to counsel GBV survivors?   | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> |  |
| Do you provide psychological support? Please describe.  |   |  |
| Do you provide any security or protection services for GBV survivors? Please describe.                      |   |  |
| What happens if a woman or adolescent girl does not have the financial resources to pay for a consultation? |   |  |
| What are the main challenges and obstacles GBV survivors face in accessing services? Please describe.       |   |  |

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| <p><b>2.10. Non-Communicable Diseases &amp; Mental Health</b></p> <ul style="list-style-type: none"> <li>Promote self-care, provide basic health care and psychosocial, identify and refer severe cases for treatment, provide needed?</li> </ul> | <ul style="list-style-type: none"> <li>Yes</li> <li>No</li> </ul>  |  |
| <ul style="list-style-type: none"> <li>Follow-up to people discharged by facility-based health and social services for people with chronic health conditions and disabilities, including mental health conditions:</li> </ul>                     | <ul style="list-style-type: none"> <li>Yes</li> <li>No</li> </ul>  |  |
| <p><b>2.11. Environmental Health</b></p> <ul style="list-style-type: none"> <li>Do you have IEC on hygiene promotion and water and sanitation, community mobilization for clean-up campaigns and/or other sanitation activities:</li> </ul>       | <ul style="list-style-type: none"> <li>Yes, how are these activities conducted? Who is the target audience?</li> <li>No</li> </ul> |  |
| <p>Explain (how are groups identified as particularly vulnerable women and adolescent headed households, separated and unaccompanied children and people with disabilities included in these activities)?</p>                                     |  |  |
| <ul style="list-style-type: none"> <li>Health facility safe waste disposal and management:</li> </ul>   | <ul style="list-style-type: none"> <li>Yes</li> <li>No</li> </ul>  |  |

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| <p>• Is incinerator available?</p>  | <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>   |  |
| <p><b>3. Information Provision and Community Outreach</b></p>   |   |  |
| <p>3.1. How do you provide information about the services provided by the primary health care centre or community structures?</p>                                 | <ul style="list-style-type: none"> <li>• The community based services? (For example, through the community leaders, neighbors, friends...)</li> <li>• The primary health care center? (For example, through the community leaders, neighbors, friends...)</li> <li>• Other</li> </ul> |  |
| <p><b>End of interview</b></p>  |   |  |
| <p>Based on the observation during the interview, Please highlight/specify any other issue/recommendations that have not been captured in the questionnaires!</p> |   |  |

**Thanks for your time and contribution!**

Annex 2: Photos of the PHC:

*FGDs with women*



*Al-Wahda PHCC building*

