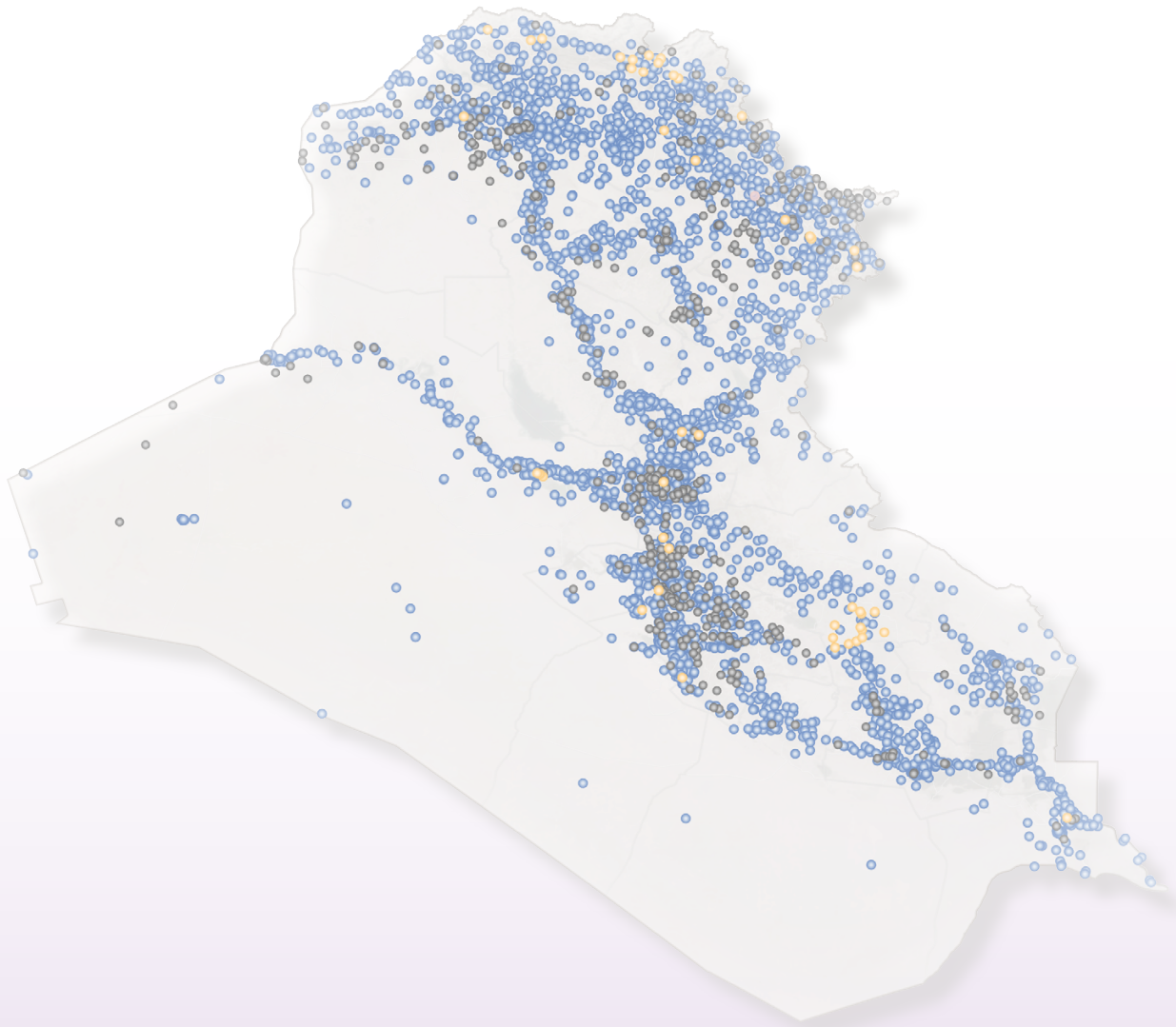




HeRAMS Iraq

Status update report

November 2024



Noncommunicable diseases and mental health services

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



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ACRONYMS

BP	Blood Pressure
COPD	Chronic Obstructive Pulmonary Disease
CVD	cardiovascular disease
HeRAMS	Health Resources and Services Availability Monitoring System
HSDU	Health Service Delivery Unit
NCD	Noncommunicable diseases
WHO	World Health Organization

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DISCLAIMER

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

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

HeRAMS has been deployed in Iraq since July 2022 and has allowed for the assessment of 5106 health service delivery units (HSDUs). This analysis was produced based on the data collected up to 14 November 2024. It is important to note that the deployment of HeRAMS is ongoing, including data verification and validation. Hence, this analysis is not final and was produced solely for the purpose of informing operations. This report is an update to the baseline reports published in June 2023¹.

This is the sixth report of the **HeRAMS Iraq status update report November 2024** series, focusing on the availability of non-communicable diseases (NCD) and mental health services. It is a continuation of the first report on the operational status of the health system² and should always be interpreted in conjunction with results presented in the first report. Additional reports are available covering essential general clinical and trauma care services³, child health and nutrition services⁴, communicable disease services⁵ and sexual and reproductive health services⁶.

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

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

¹ See [Annex 1](#) for a list of previously published reports.

² HeRAMS Iraq status update report November 2024 - Operational status of the health system: A comprehensive mapping of the operational status of health service delivery unit, <https://www.who.int/publications/m/item/herams-iraq-status-update-report-2024-11-operational-status-of-the-health-system>

³ HeRAMS Iraq status update report November 2024 - General clinical and trauma care services: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-iraq-status-update-report-2024-11-general-clinical-and-trauma-care-services>

⁴ HeRAMS Iraq status update report November 2024 - Child health and nutrition services: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-iraq-status-update-report-2024-11-child-health-and-nutrition-services>

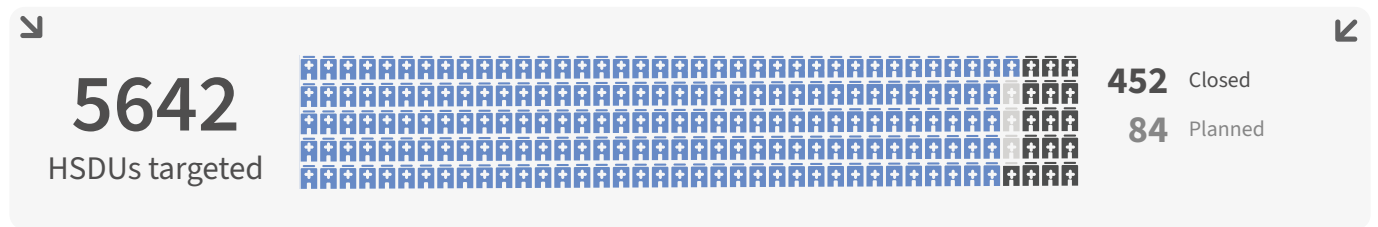
⁵ HeRAMS Iraq status update report November 2024 - Communicable diseases services: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-iraq-status-update-report-2024-11-communicable-diseases-services>

⁶ HeRAMS Iraq status update report November 2024 - Sexual and reproductive health services: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-iraq-status-update-report-2024-11-sexual-and-reproductive-health-services>

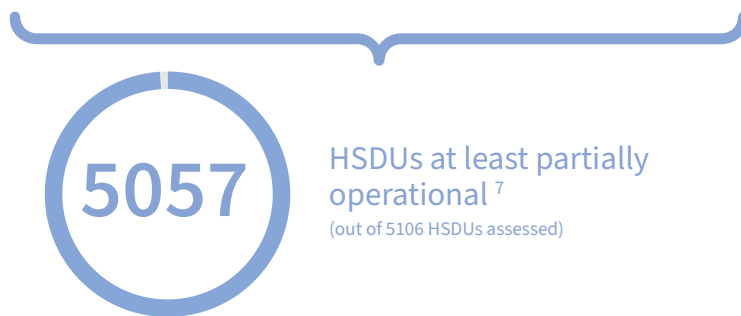
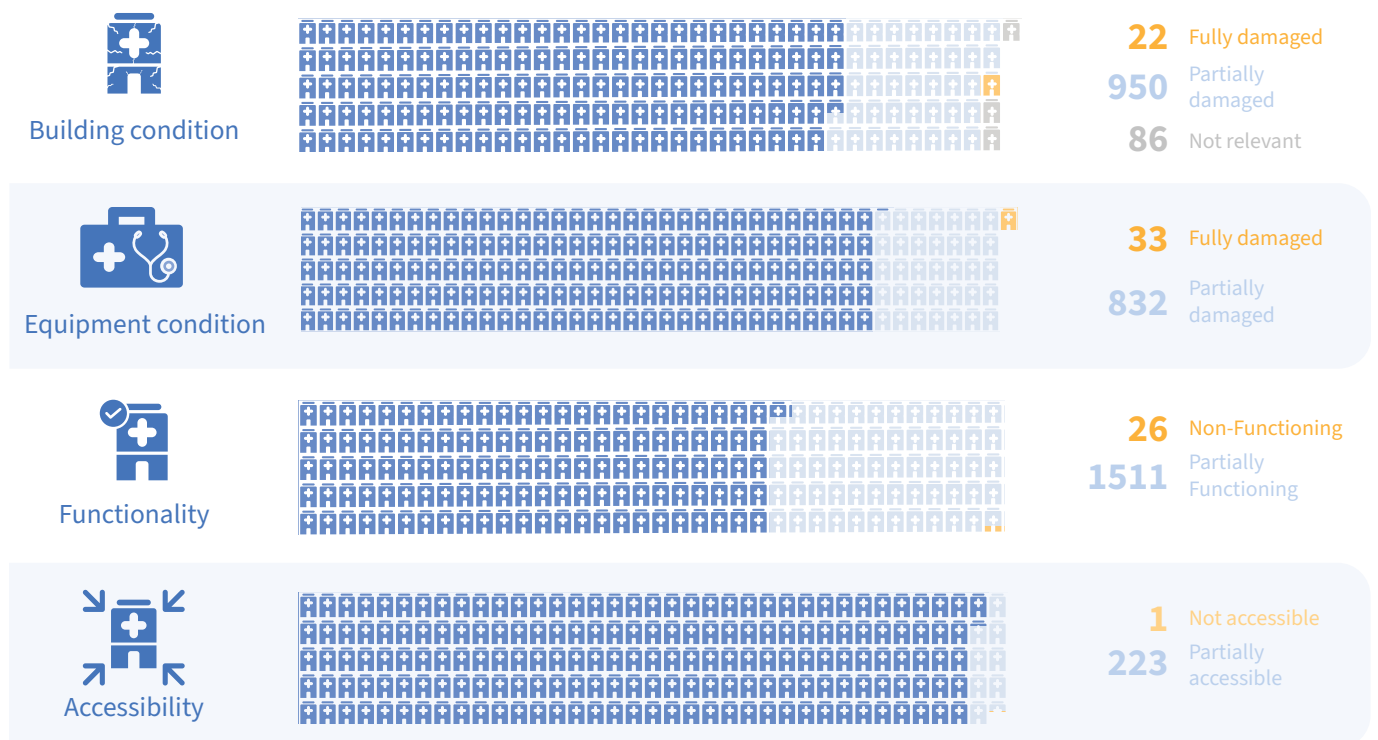


OVERVIEW OF HSDUS EVALUATED

Data collection summary



5106 HSDUs reporting



⁷ HSDUs (Health Service Delivery Units) reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as non-operational. Consequently, reporting ends upon confirmation of an HSDU's non-operational status.



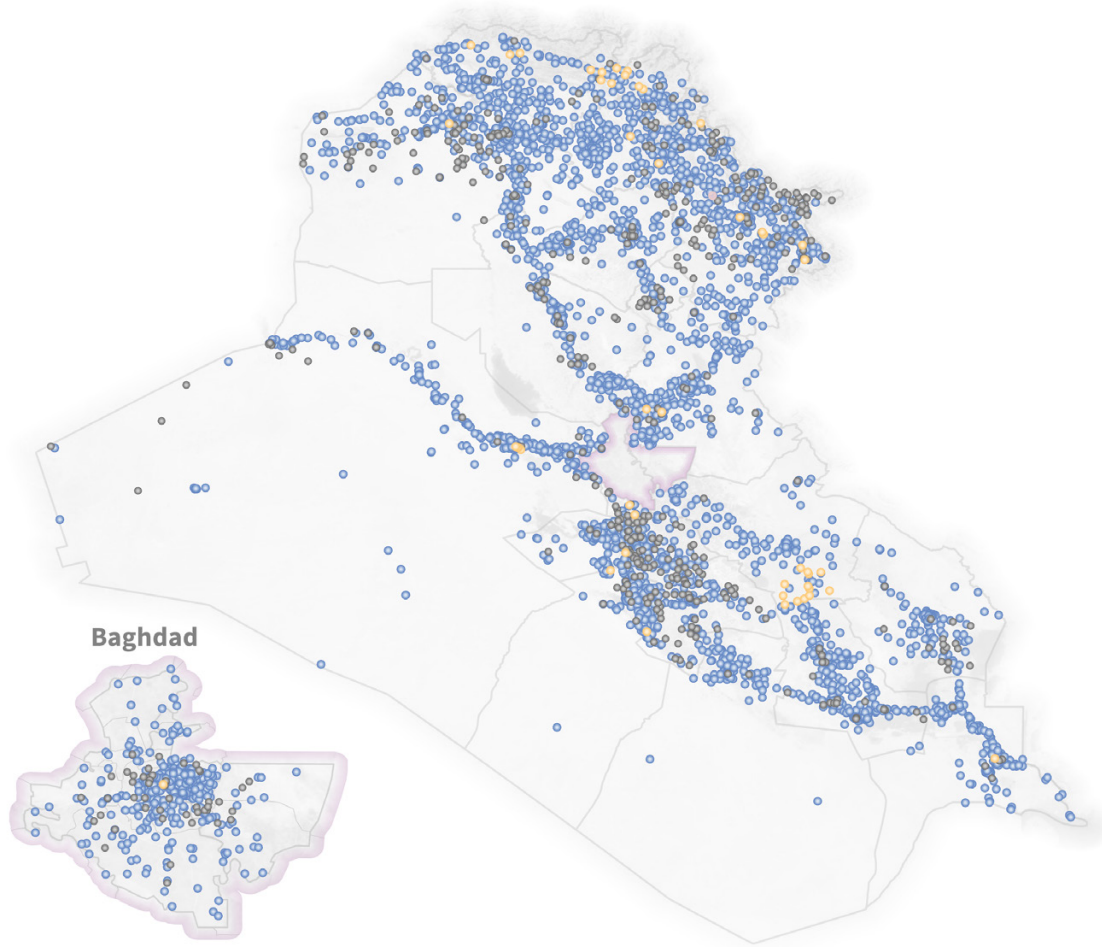
Reporting frequency and operational status by directorate of health

DIRECTORATE OF HEALTH	Ambulance			Blood bank			Public Medical Clinics			Health Center			Sub-health centre			Hospital			Mobile Clinic			Other			TOTAL HSDU				
	O	N/O	P/C	O	N/O	P/C	O	N/O	P/C	O	N/O	P/C	O	N/O	P/C	O	N/O	P/C	O	N/O	P/C	O	N/O	P/C	O	N/O	P/C	O	N/O
ANBAR	25	-	-	1	-	-	26	3	2	97	-	4	110	1	5	20	-	1	3	-	5	43	-	10	325	4	27		
BABYLON	13	-	-	2	-	-	21	-	-	57	2	1	73	1	3	22	-	-	1	-	5	26	-	62	215	3	71		
BAGHDAD-KARKH	-	-	-	1	-	1	40	-	-	113	1	6	35	-	4	15	-	3	2	-	1	30	-	13	236	1	28		
BAGHDAD-RESAFA	-	-	-	2	-	-	41	-	-	122	-	3	13	-	7	42	-	-	-	-	-	40	-	9	260	-	19		
BASRAH	53	-	-	1	-	-	29	-	-	113	1	-	33	-	-	27	-	2	1	-	1	45	-	2	302	1	5		
DAHUK	3	-	-	2	-	-	29	-	3	86	2	1	78	3	3	27	-	1	-	-	-	9	-	1	234	5	9		
DIWANIYA	15	-	-	1	-	-	16	-	-	46	-	3	43	-	1	14	-	-	-	-	1	31	-	40	166	-	45		
DIYALA	15	-	-	1	-	-	11	-	-	83	2	2	52	-	1	15	-	2	7	-	-	83	-	6	267	2	11		
ERBIL	16	-	-	1	-	-	40	-	1	128	1	-	150	8	19	39	-	-	1	-	-	15	-	-	390	9	20		
KARBALA	8	-	-	1	-	-	17	-	-	40	-	2	21	-	1	10	-	-	2	-	1	43	-	3	142	-	7		
KIRKUK	11	-	1	1	-	-	25	-	-	66	-	4	64	-	11	11	-	1	3	-	-	42	-	6	223	-	23		
MISSAN	11	-	-	1	-	-	13	-	-	40	-	1	40	-	8	12	-	-	-	-	2	29	-	5	146	-	16		
MUTHANNA	1	-	-	1	-	-	9	-	-	39	-	-	44	-	-	14	-	1	3	-	-	15	-	1	126	-	2		
NAJAF	8	-	-	1	-	-	14	-	-	62	-	3	35	2	1	20	-	-	1	-	-	71	-	6	212	2	10		
NINEWA	22	-	-	1	-	-	27	-	5	130	-	9	136	-	18	23	-	1	6	-	9	102	1	34	447	1	76		
SALAH AL-DIN	3	-	3	1	-	-	16	-	-	74	-	4	66	-	17	14	-	7	6	-	-	56	-	10	236	-	41		
SULAYMANIYAH	15	-	1	6	-	-	53	-	1	143	2	4	328	4	87	61	1	4	-	-	-	33	-	6	639	7	103		
THI-QAR	17	-	-	1	-	-	29	-	-	104	-	3	84	-	-	12	-	3	6	-	-	74	-	15	327	-	21		
WASSIT	18	-	-	1	-	-	12	-	-	52	-	-	33	-	2	15	-	-	-	-	-	33	14	-	164	14	2		
TOTAL	254	-	5	27	-	1	468	3	12	1595	11	50	1438	19	188	413	1	26	42	-	25	820	15	229	5057	49	536		

O = At least partially operational - N/O = Not operational - P/C = Planned / closed

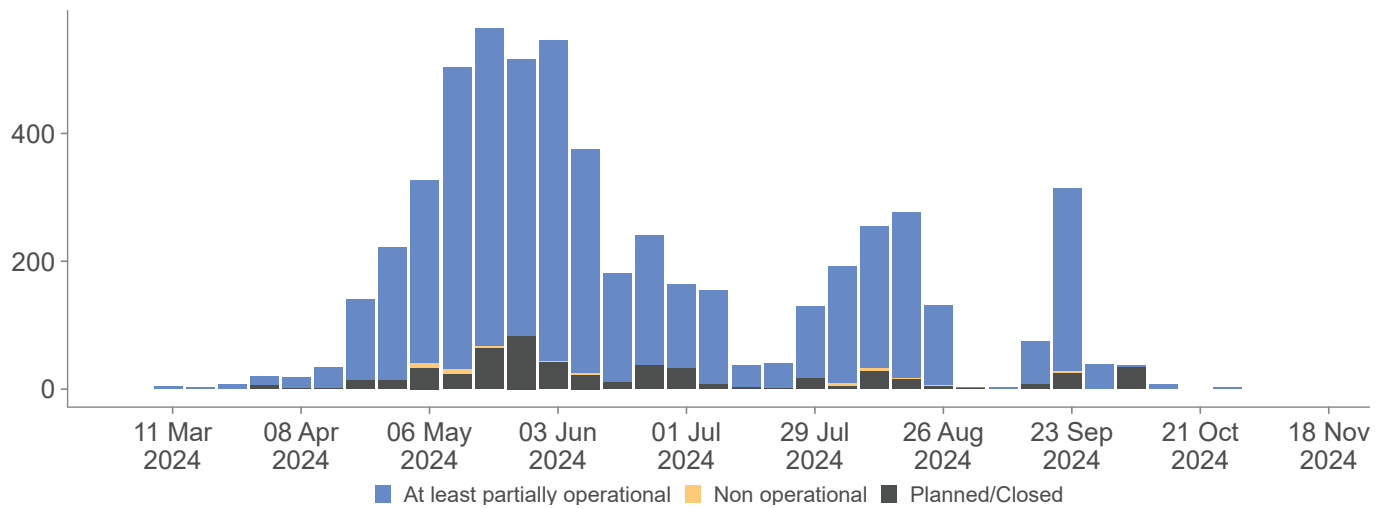


Geographic distribution of HSDUs



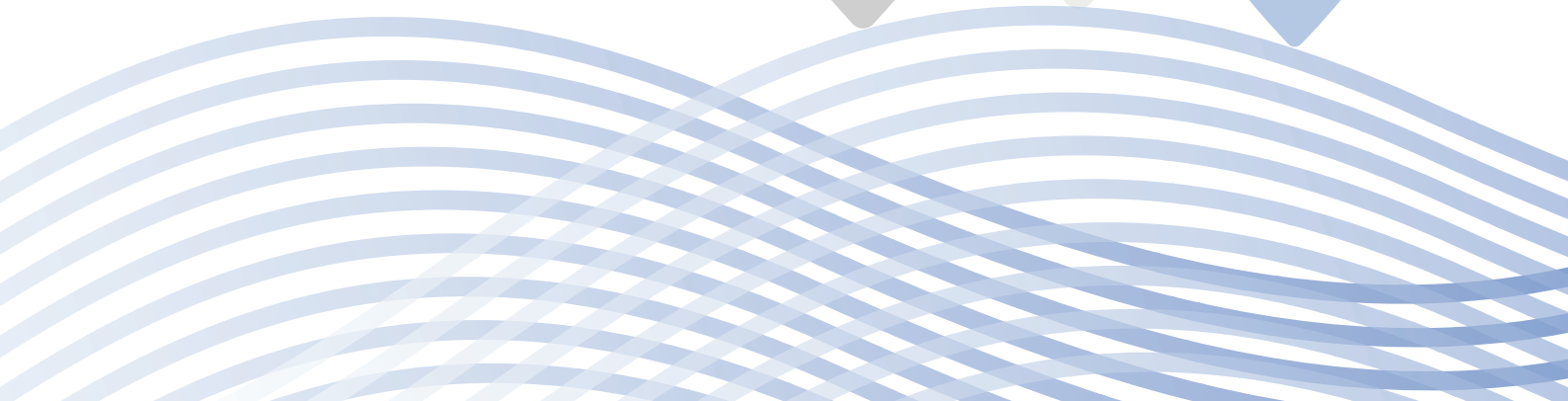
■ At least partially operational ■ Not operational ■ Planned/Closed

Date of last update





PART I:
Overview of non-
communicable disease
and mental health
services





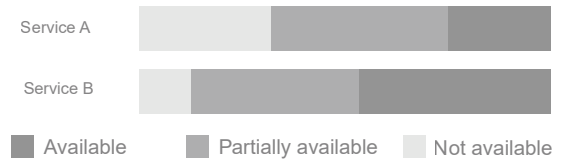
INTERPRETATION GUIDE

Service availability

The first part of this report provides an overview of availability of noncommunicable disease and mental health services. A summary of HSDUs evaluated and their operational status is available on [page 8](#). Further details on the operational status of HSDUs can be found in the first report of the **HeRAMS Iraq status update report November 2024** series.

Overview charts

An **overview bar chart** of non-communicable disease and mental health services is shown by services. The number inside the bars is the percentage of HSDUs falling in the availability category. For further information on services included and their definition, see [Annex III](#).



	Person	Clipboard	Handshake	Medical Bag	Money
Service A	20	32	54	10	50
Service A	60	20	10	50	70

Barriers heat maps offer additional insights into main barriers for individual services not or only partially available. Cell opacity levels indicate the percentage of HSDUs reporting a given barrier. The integer inside the cell denotes the proportion of HSDUs reporting the barrier. Note that HSDUs not reporting a barrier (i.e., HSDUs where the service is fully available or not normally provided) were excluded from these charts. HSDUs can report more than one barrier, meaning that the total percentage for each service can exceed 100%.

Service availability per population (heat map)

A comprehensive breakdown of the availability of individual services is depicted through **heat maps**. Each cell represents the number of HSDUs offering a specific service relative to its catchment population. It should be noted that different target populations are used for each services, depending on the number of people that are expected to use the service: specialized services have a bigger target population as one HSDU is expected to cover more people. For more details on population estimates, see [Annex II](#).

Service 1	0.9	0	0.4	2.1	0.7
Service 2	0.4	0	0.9	3.5	0.7
Service 3	0.3	0	0.7	0.3	0.2
Service 4	0.8	0	0.4	0.8	0.6
Service 5	0.5	0	0.9	1.9	0.8
	DoHA	DoHB	DoHC	DoHD	DoHE

To account for partially available services, a weighing was applied with a weight of 1 given to services reported as fully available and 0.5 for partially available services. As target populations may vary across services, an additional column has been included to the right of the graph to assist readers in comprehending the target populations associated with each service.



OVERVIEW OF SERVICE AVAILABILITY AND BARRIERS

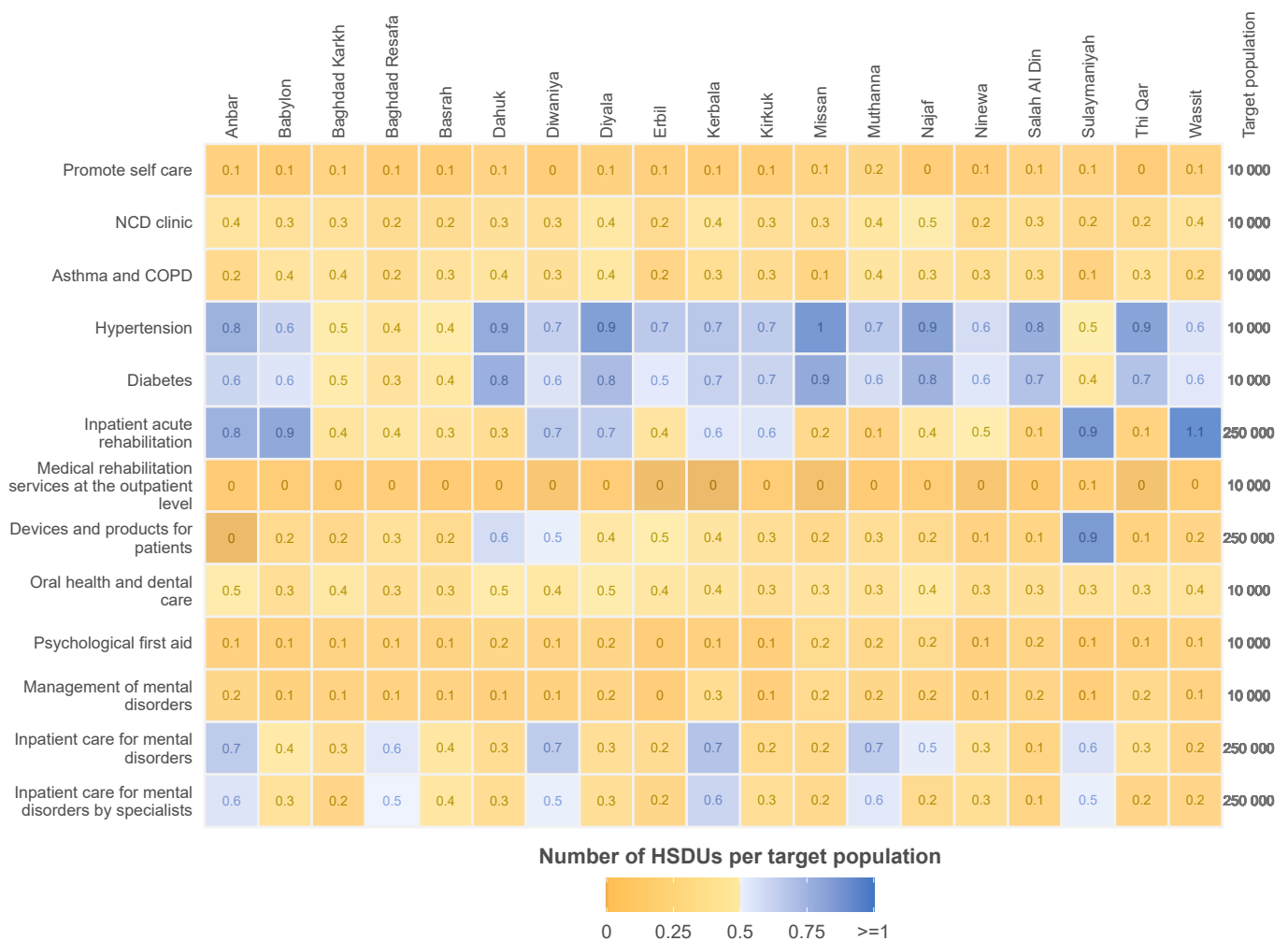
	Availability (%)				Barriers (%)				
	Available	Partially available	Not available	Not normally provided	Lack of staff	Lack of training	Lack of medical supplies	Lack of medical equipment	Lack of financial resources
Promote self-care	5	4	4	87	74	25	51	34	26
NCD clinic	19	10	6	65	57	22	69	33	36
Asthma and COPD	17	13	8	63	54	13	81	37	27
Hypertension	42	23	5	29	60	14	78	28	29
Diabetes	35	25	8	32	54	12	78	32	28
Inpatient acute rehabilitation	1			97	56	19	37	37	42
Medical rehabilitation services at the outpatient level	2	3		94	59	14	48	52	45
Devices and products for patients	1			98	37	12	38	64	51
Oral health and dental care	24	10	9	57	57	6	72	50	34
Psychological first aid	7	6	9	78	68	35	50	24	29
Management of mental disorders	7	8	8	77	62	28	64	20	26
Inpatient care for mental disorders	1			97	85	23	39	8	19
Inpatient care for mental disorders by specialists	1			97	83	27	39	10	21

Availability: ■ Available ■ Partially available ■ Not available ■ Not normally provided

Barriers (icons from left to right): Lack of staff, Lack of training, Lack of medical supplies, Lack of medical equipment, Lack of financial resources.



Number of HSDUs providing services per target population⁸



⁸ To account for partially available services, a weighing was applied with a weight of 1 given to services reported as fully available and 0.5 for partially available services. As target populations may vary across services, an additional column has been included to the right of the graph to assist readers in comprehending the target populations associated with each service. See [Annex II](#) for population estimates per directorate of health.





PART II:
In-depth analysis by
health service

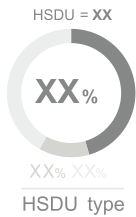
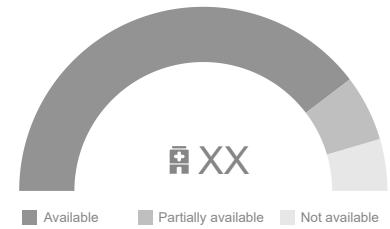




INTERPRETATION GUIDE

Service status

Arc charts provide an overview of the overall availability of a health service. The total number of HSDUs included in the analysis of a service is shown inside the arc chart. It should be noted that analysis of individual services was limited to operational HSDUs (see [page 7](#) for details).



For further insights, donut charts break down indicator availability by HSDU type. To improve readability, labels indicating the availability level for each category are provided either beside or below the chart. Additionally, to highlight the percentage of HSDUs where an indicator is available up to standard, the number may also be prominently placed inside the chart. Information on the total number of HSDUs included is clearly indicated above or below the respective donut.

Column charts offer a breakdown of service availability by directorate of health (DoH). Two numbers are represented in the bars: the number of HSDU and, under, the percentage of HSDU falling into the specified availability category. The length of each bar is determined by the total number of HSDUs in the directorate of health. A footnote indicates when these charts exclude HSDUs where a service was not normally provided or the HSDU did not report on it. The total number of HSDUs included in each directorate of health is indicated under the directorate of health name.



	DoH A HSDU = XXX		HSDU
Ambulance	67%	33%	3
Blood bank	50%	50%	2
Public Medical Clinics	86%	14%	21
Health Center	83%	15%	2

Column charts by HSDU type display the availability of services by DoH and HSDU type. Each bar represents the percentage of HSDU falling into each category for the specified HSDU type and DoH. The grey bar on the right shows the number of HSDU falling into the category. By default these charts exclude HSDUs where a service was not normally provided or the HSDU did not report on it.

Maps use pie charts to depict the availability of an indicator at the sector level. The size of each circle represents the total number of HSDUs in the sector, while each slice reflects a specific availability level.



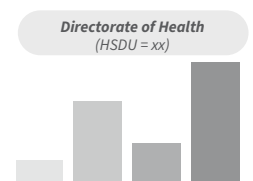
Barriers

To gain a more comprehensive understanding of the challenges faced by HSDUs, whenever a service was not or only partially available, main barriers impeding availability were recorded.



Each **donut chart** indicates the percentage of HSDUs having reported a specific barrier. The total number of HSDUs reporting at least one barrier is shown below the chart header.

Bar charts further break down barriers by directorate of health. Each bar represents a specific barrier, with the percentage value indicating the proportion of HSDUs reporting that particular barrier. Additionally, the number of HSDUs reporting at least one barrier is displayed below the directorate of health's name.

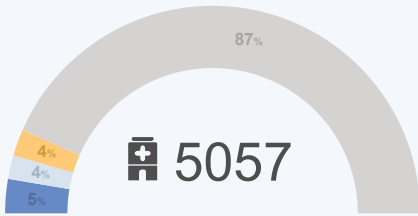


Important: The denominator for barrier charts excludes HSDUs where the service is fully available or not normally provided. It should further be noted that HSDUs can report up to three barriers for each service. Thus, the sum of all barriers may exceed 100%.

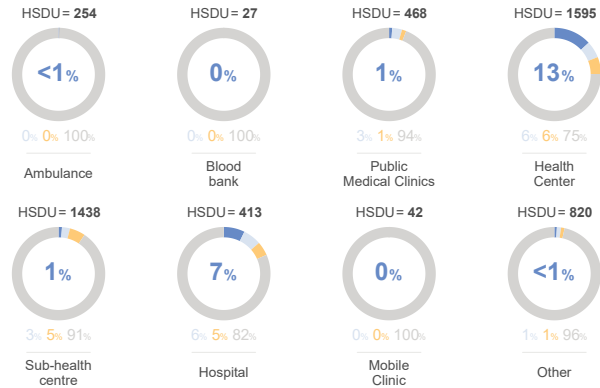


PROMOTE SELF-CARE

Service availability⁹

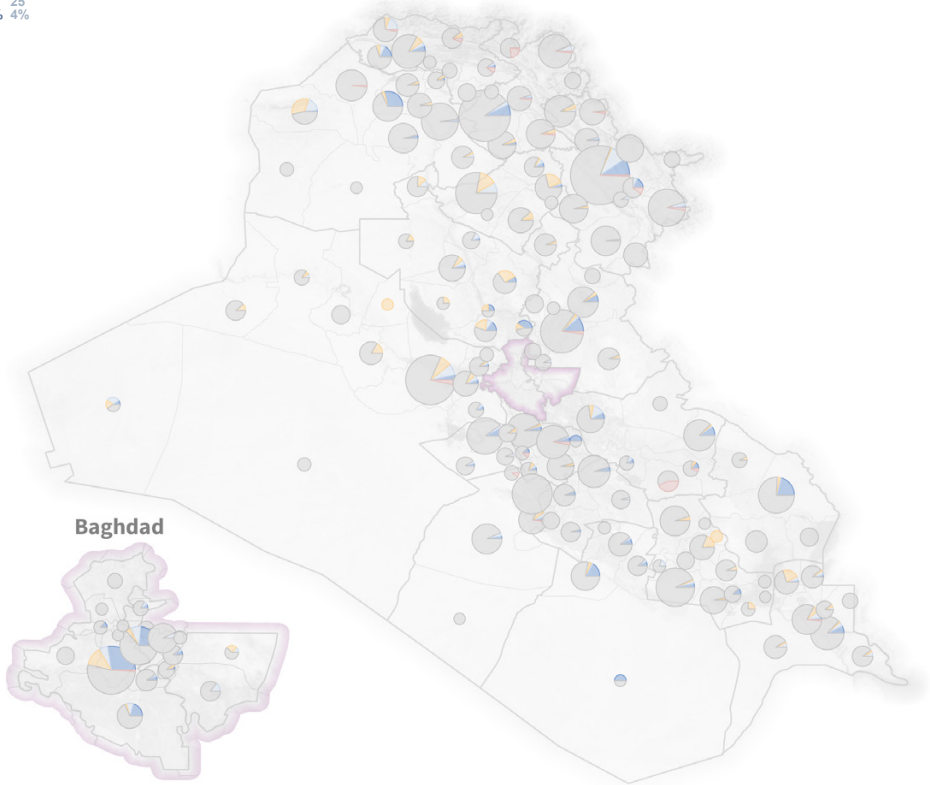


Service availability by HSDU type

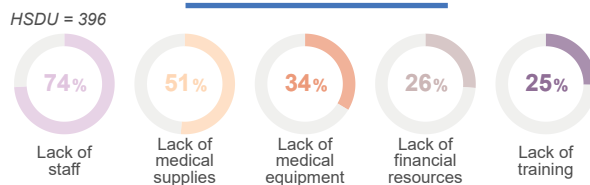


Service availability by directorate of health

Directorate of Health	Total HSDUs	Available (%)	Partially available	Not available	Not normally provided
Sulaymaniyah	639	92%	21 (3%)	25 (4%)	
Ninewa	447	87%	23 (5%)	11 (2%)	22 (5%)
Erbil	390	94%	12 (3%)	9 (2%)	4 (1%)
Thi-Qar	327	92%	6 (2%)	5 (2%)	16 (5%)
Anbar	325	84%	9 (3%)	18 (6%)	26 (8%)
Basrah	302	86%	8 (3%)	17 (6%)	18 (6%)
Diyala	267	91%	16 (6%)	4 (1%)	5 (2%)
Baghdad-Resafa	260	81%	25 (10%)	19 (7%)	6 (2%)
Salah Al-Din	236	74%	18 (8%)	12 (5%)	31 (13%)
Baghdad-Karkh	236	69%	44 (19%)	12 (5%)	16 (7%)
Dahuk	234	83%	12 (5%)	16 (7%)	12 (5%)
Kirkuk	223	80%	4 (2%)	12 (5%)	29 (13%)
Babylon	215	93%	10 (5%)	3 (1%)	3 (1%)
Najaf	212	94%	4 (2%)	5 (2%)	4 (2%)
Diwaniya	166	96%	6 (4%)	1 (1%)	
Wassit	164	84%	13 (8%)	9 (5%)	5 (3%)
Missan	146	86%	16 (11%)	1 (1%)	3 (2%)
Kerbala	142	91%	7 (5%)	5 (4%)	1 (1%)
Muthanna	126	84%	15 (12%)	3 (2%)	2 (2%)



Main barriers impeding service delivery



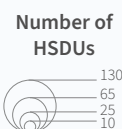
⁹ Promote self-care, provide basic health care and psycho-social support to identify and refer severe cases for treatment, provide needed follow-up to people discharged by facility-based health and social services for people with chronic health conditions, disabilities and mental health problems

Availability status

- Available
- Partially available
- Not available
- Not normally provided

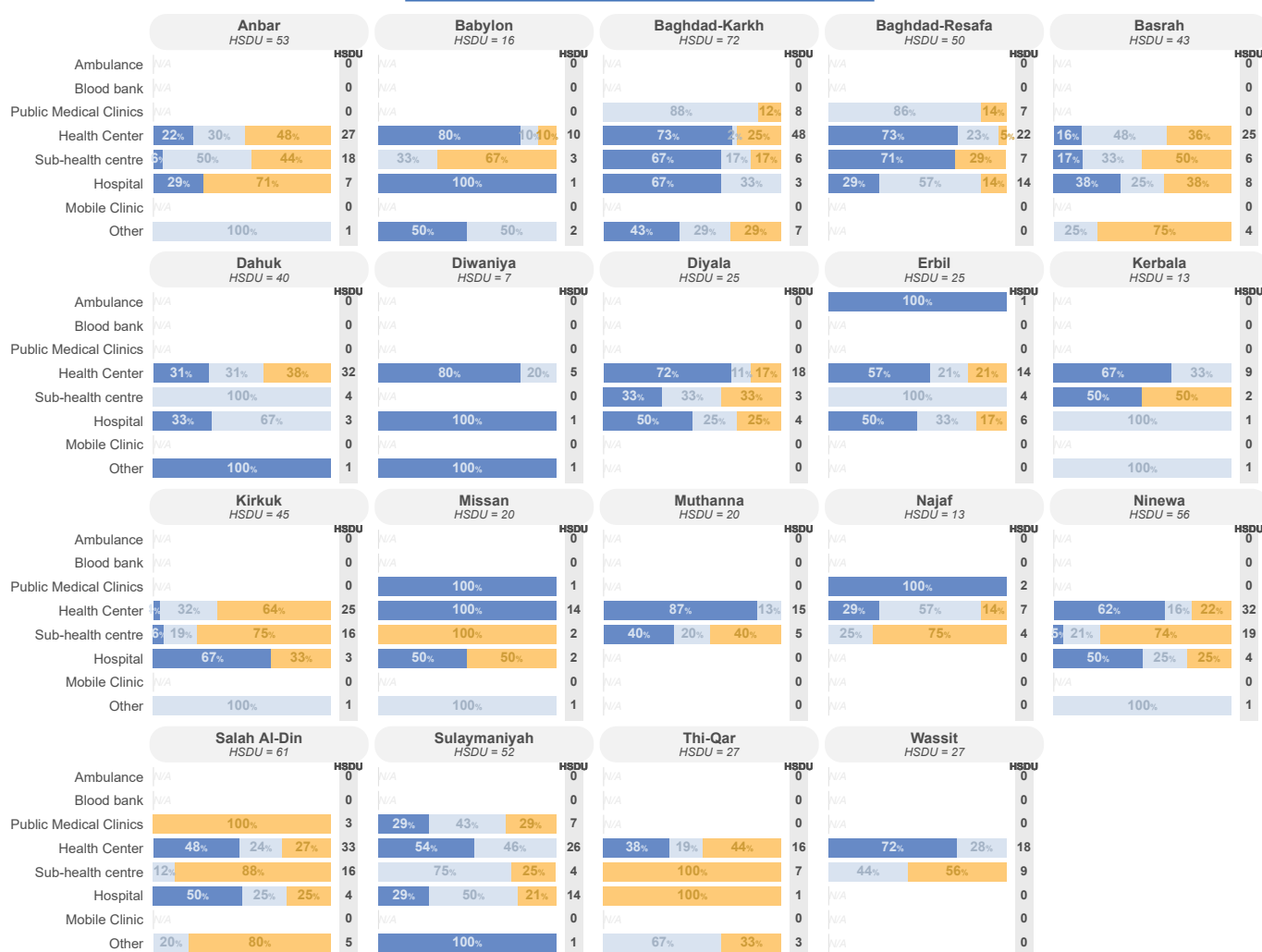
- Not operational
 - Not reporting
- Applicable only for the map*

Maps

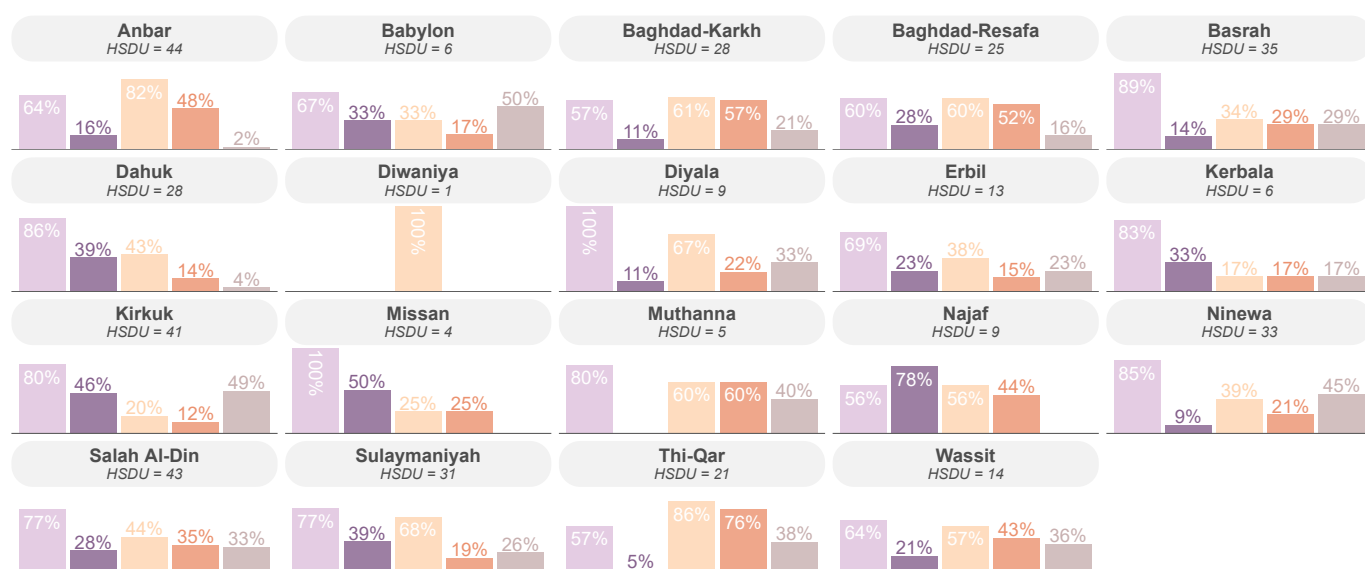




Service availability by HSDU type and by directorate of health*



Main barriers impeding service delivery by directorate of health



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

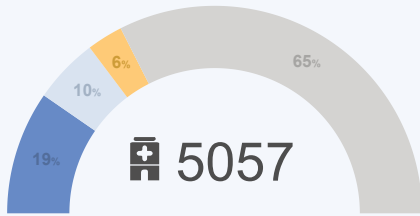
- Lack of staff
- Lack of supplies
- Lack of financial resources
- Lack of training
- Lack of equipment

* HSDUs that do not normally provide the service are excluded from this chart.

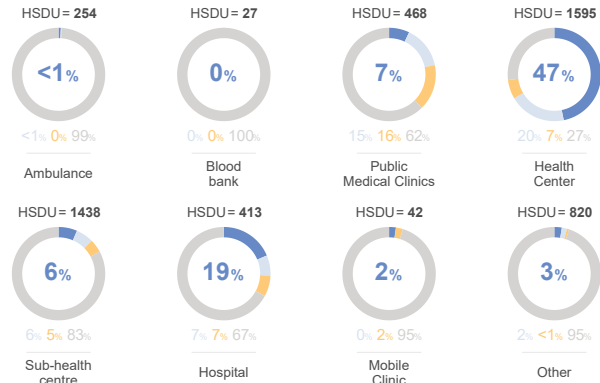


NCD CLINIC

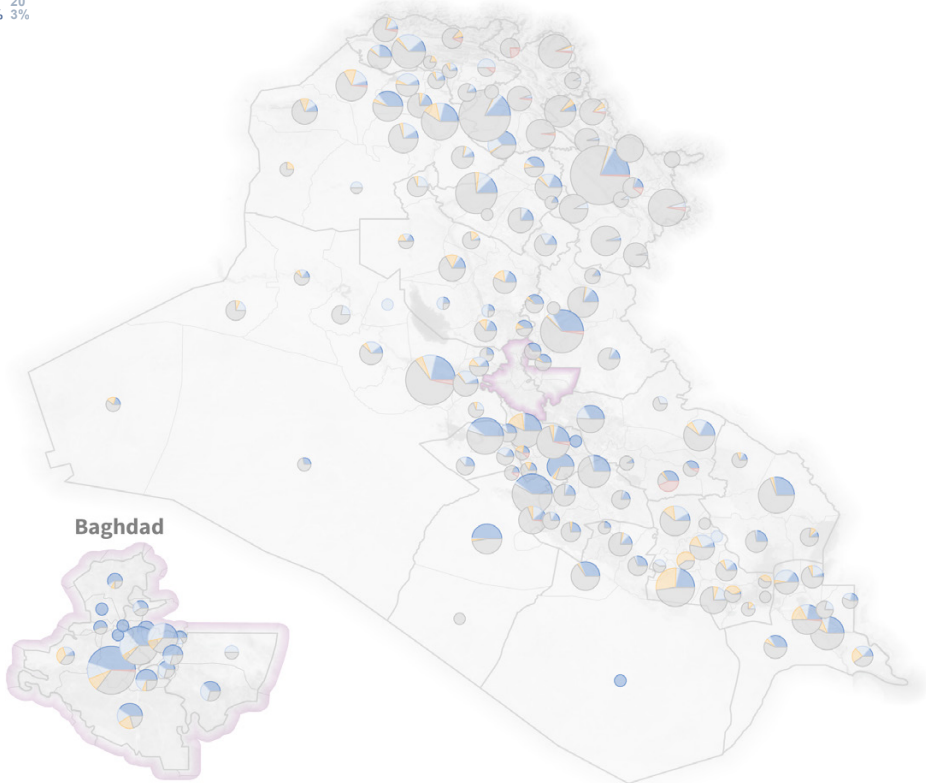
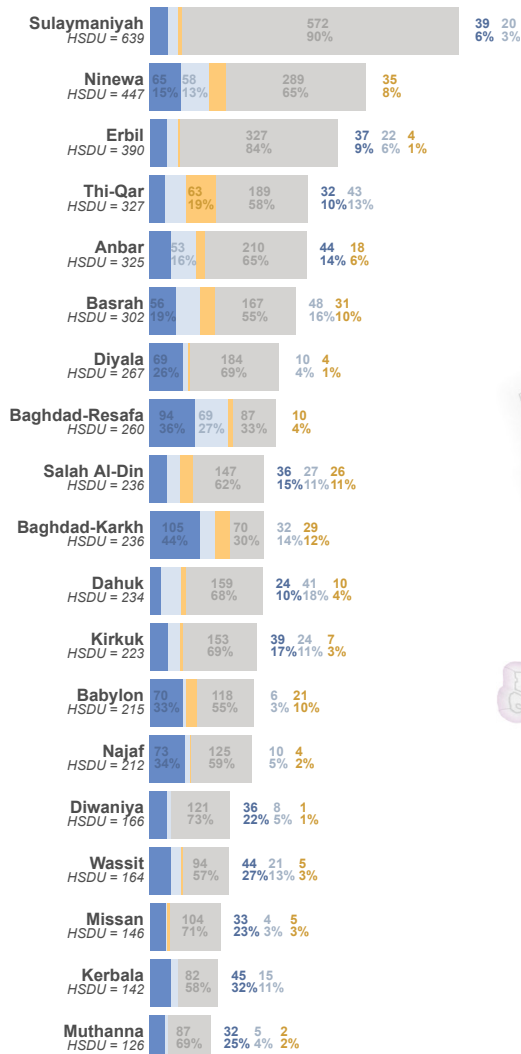
Service availability¹⁰



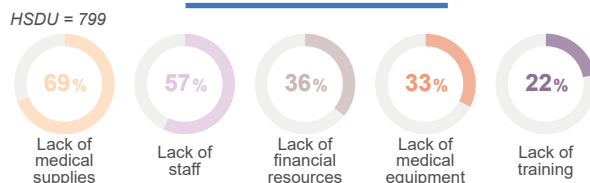
Service availability by HSDU type



Service availability by directorate of health

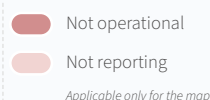


Main barriers impeding service delivery

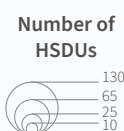


¹⁰ Brief advice on tobacco, alcohol and substance abuse, healthy diet, screening and management of risks of cardiovascular disease (CVD), individual counselling on adherence to chronic therapies, availability of blood pressure (BP) apparatus, blood glucose and urine ketones test strips, and essential NCD drugs as per national list

Availability status



Maps

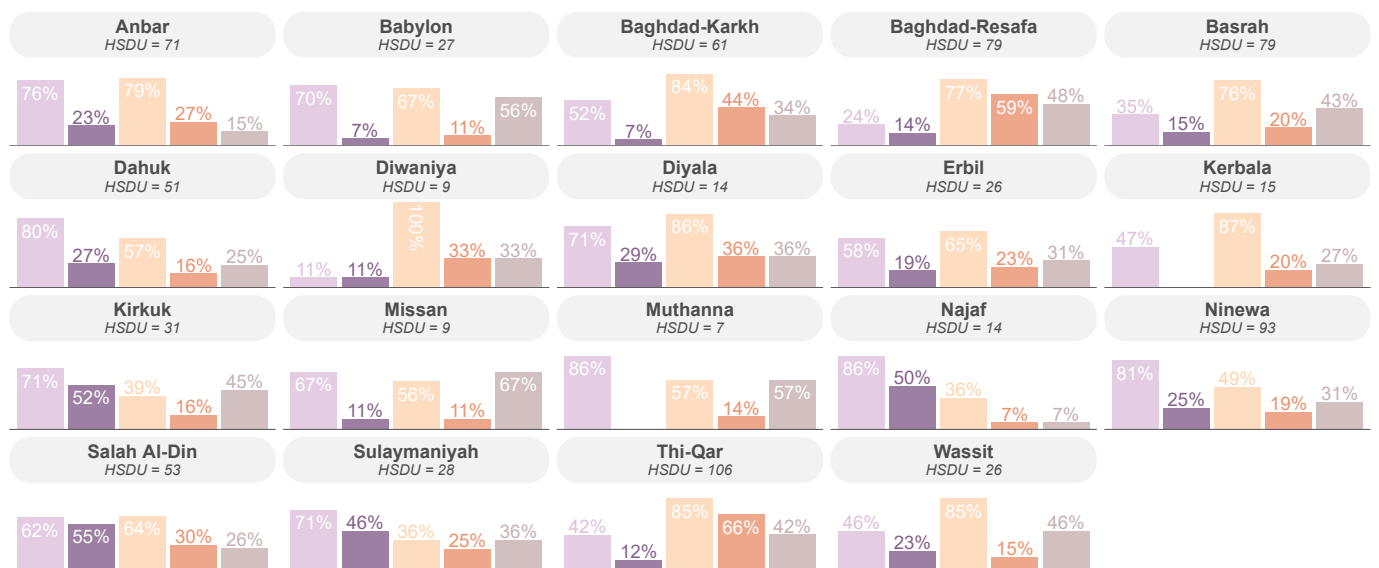




Service availability by HSDU type and by directorate of health*



Main barriers impeding service delivery by directorate of health



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

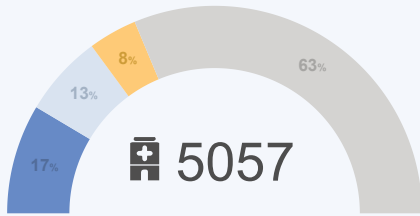
- Lack of staff
- Lack of supplies
- Lack of training
- Lack of equipment
- Lack of financial resources

* HSDUs that do not normally provide the service are excluded from this chart.

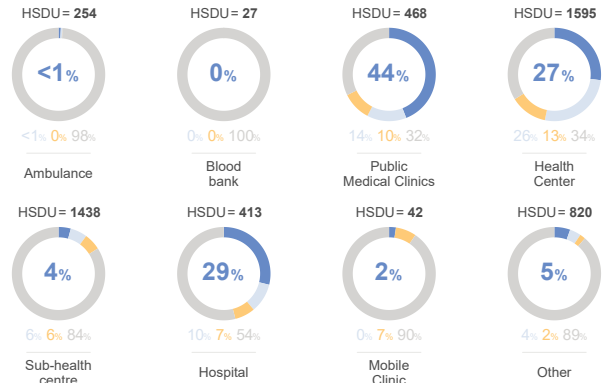


ASTHMA AND COPD

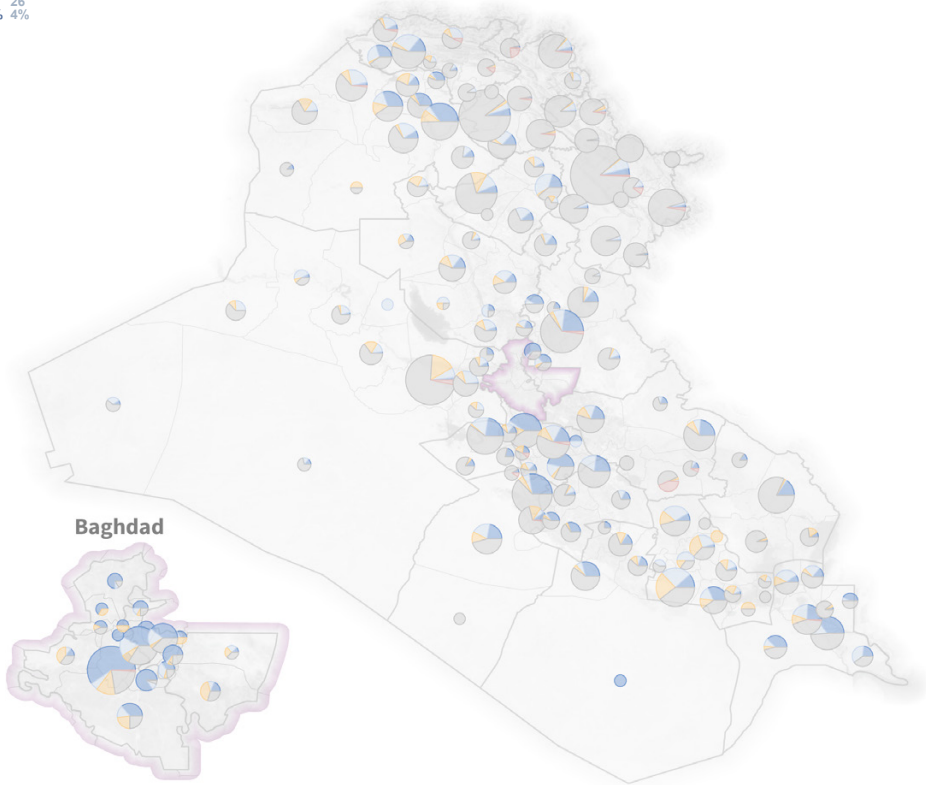
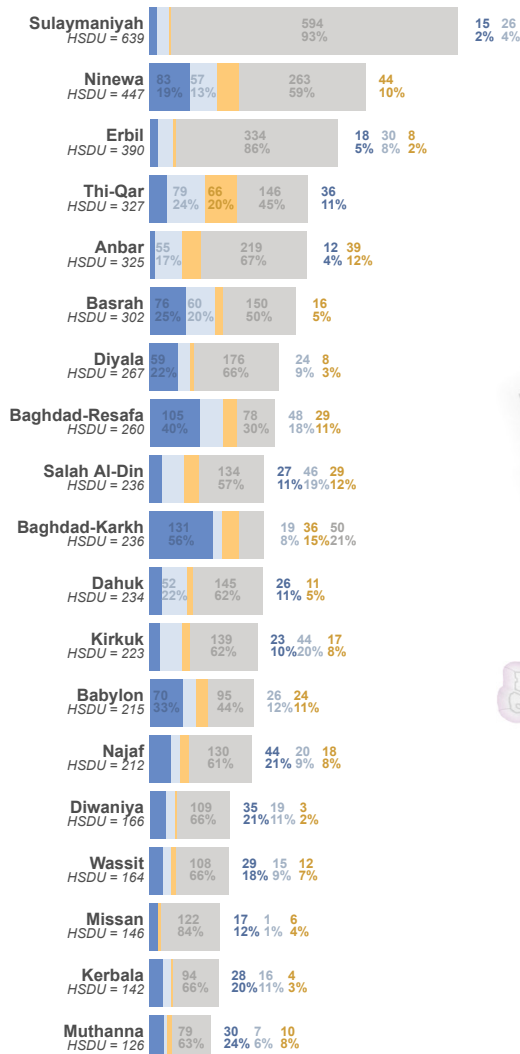
Service availability¹¹



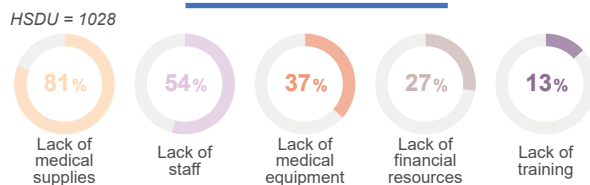
Service availability by HSDU type



Service availability by directorate of health

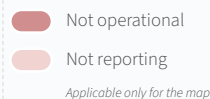
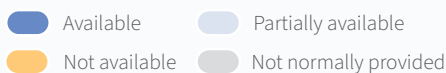


Main barriers impeding service delivery

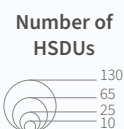


¹¹ Classification, treatment and follow-up of asthma and Chronic Obstructive Pulmonary Disease (COPD)

Availability status

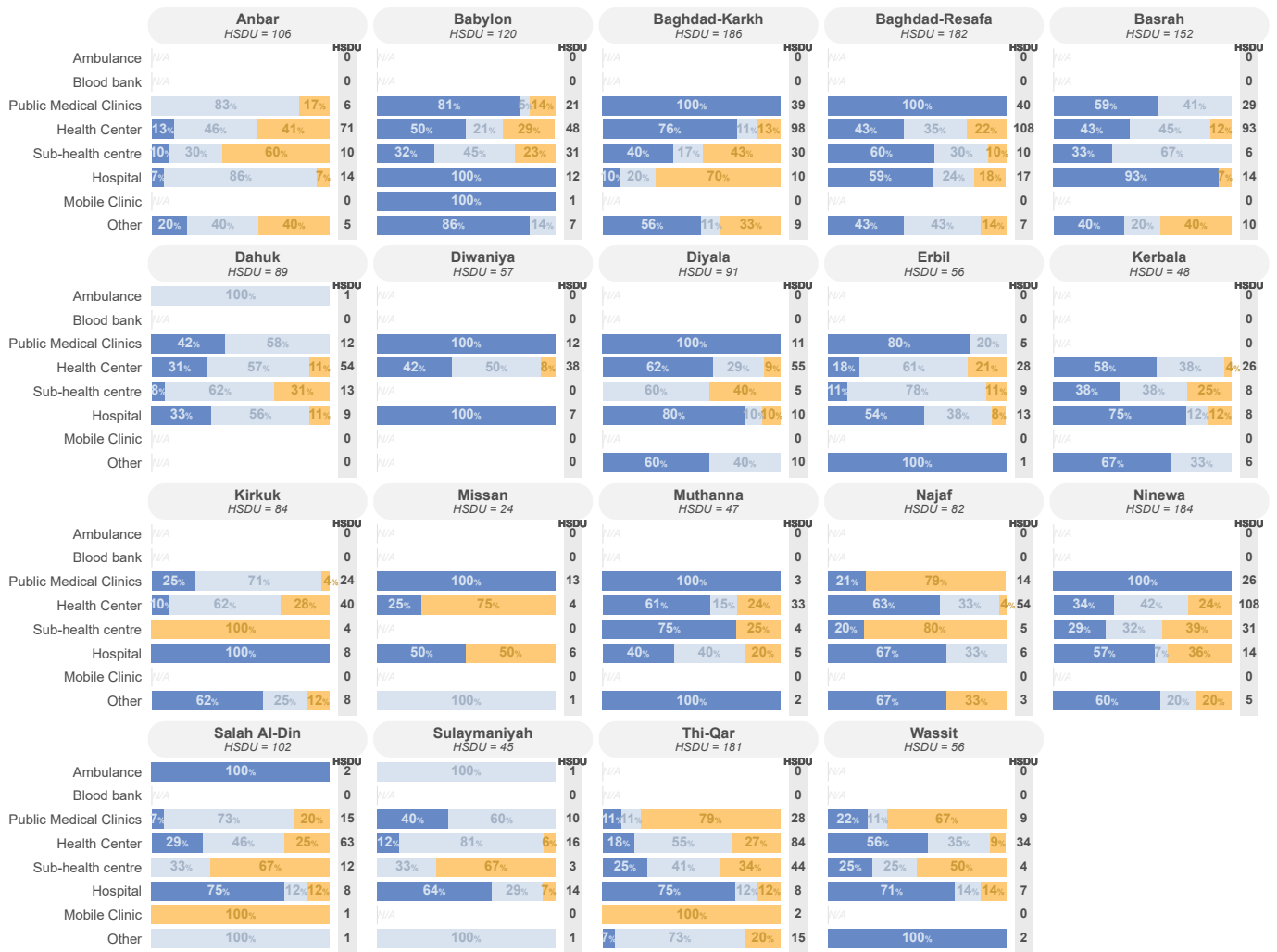


Maps

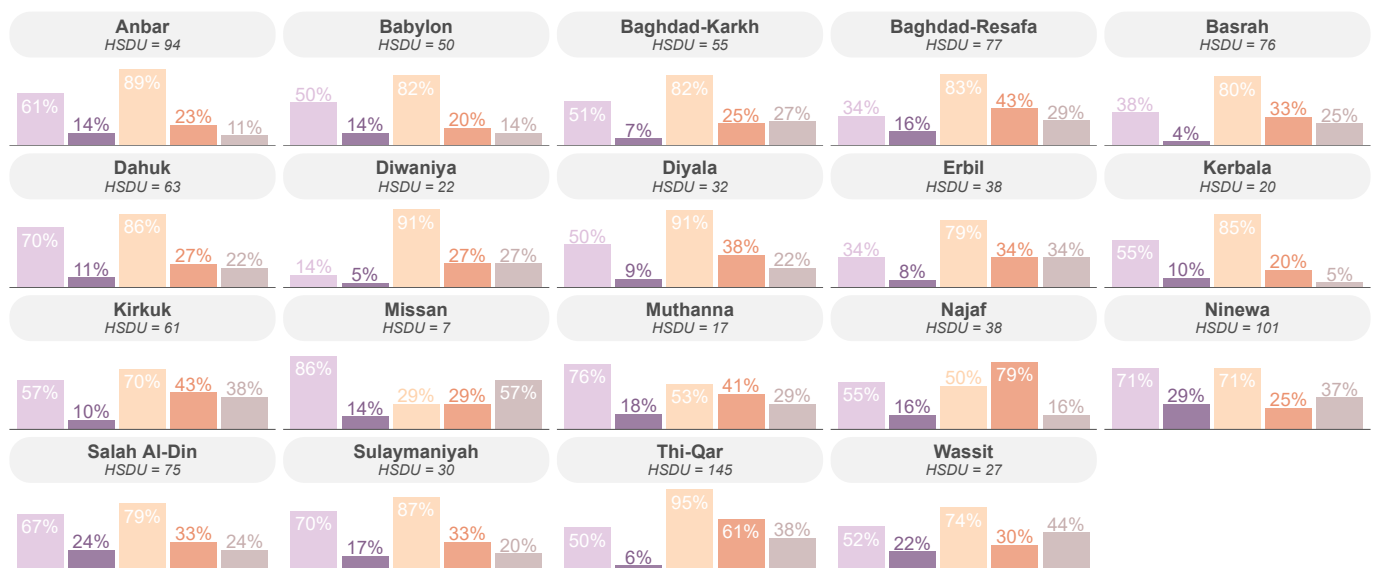




Service availability by HSDU type and by directorate of health*



Main barriers impeding service delivery by directorate of health



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

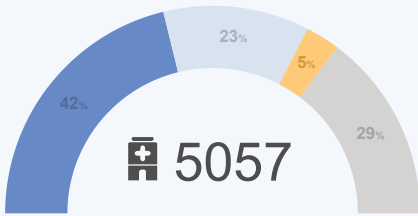
- Lack of staff
- Lack of supplies
- Lack of training
- Lack of equipment
- Lack of financial resources

* HSDUs that do not normally provide the service are excluded from this chart.

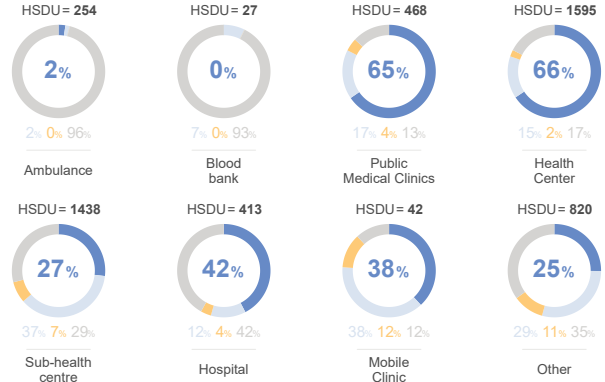


HYPERTENSION

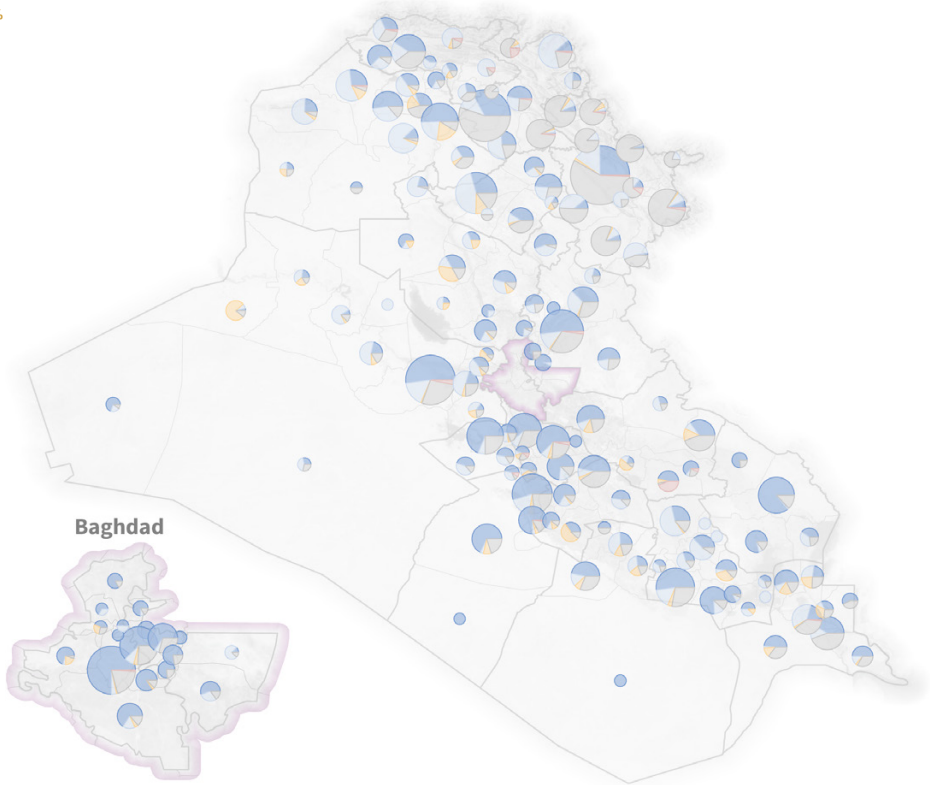
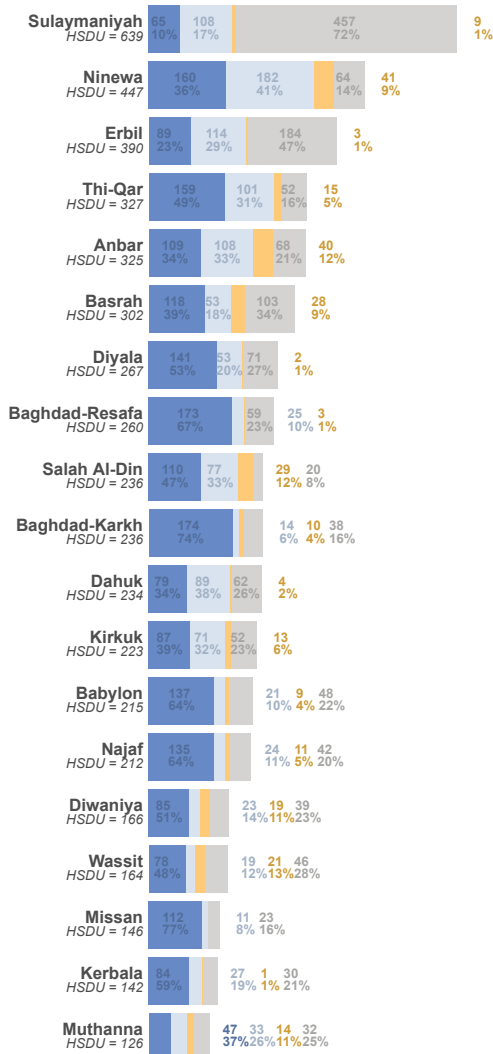
Service availability¹²



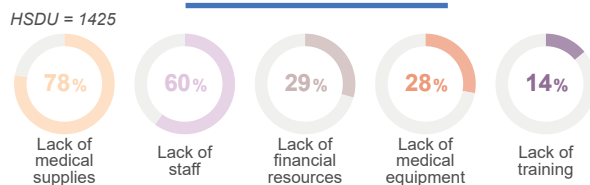
Service availability by HSDU type



Service availability by directorate of health

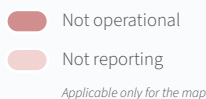
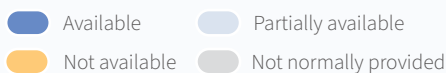


Main barriers impeding service delivery

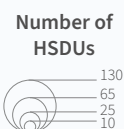


¹² Early detection, management, and counseling (including dietary advice), follow-up.

Availability status

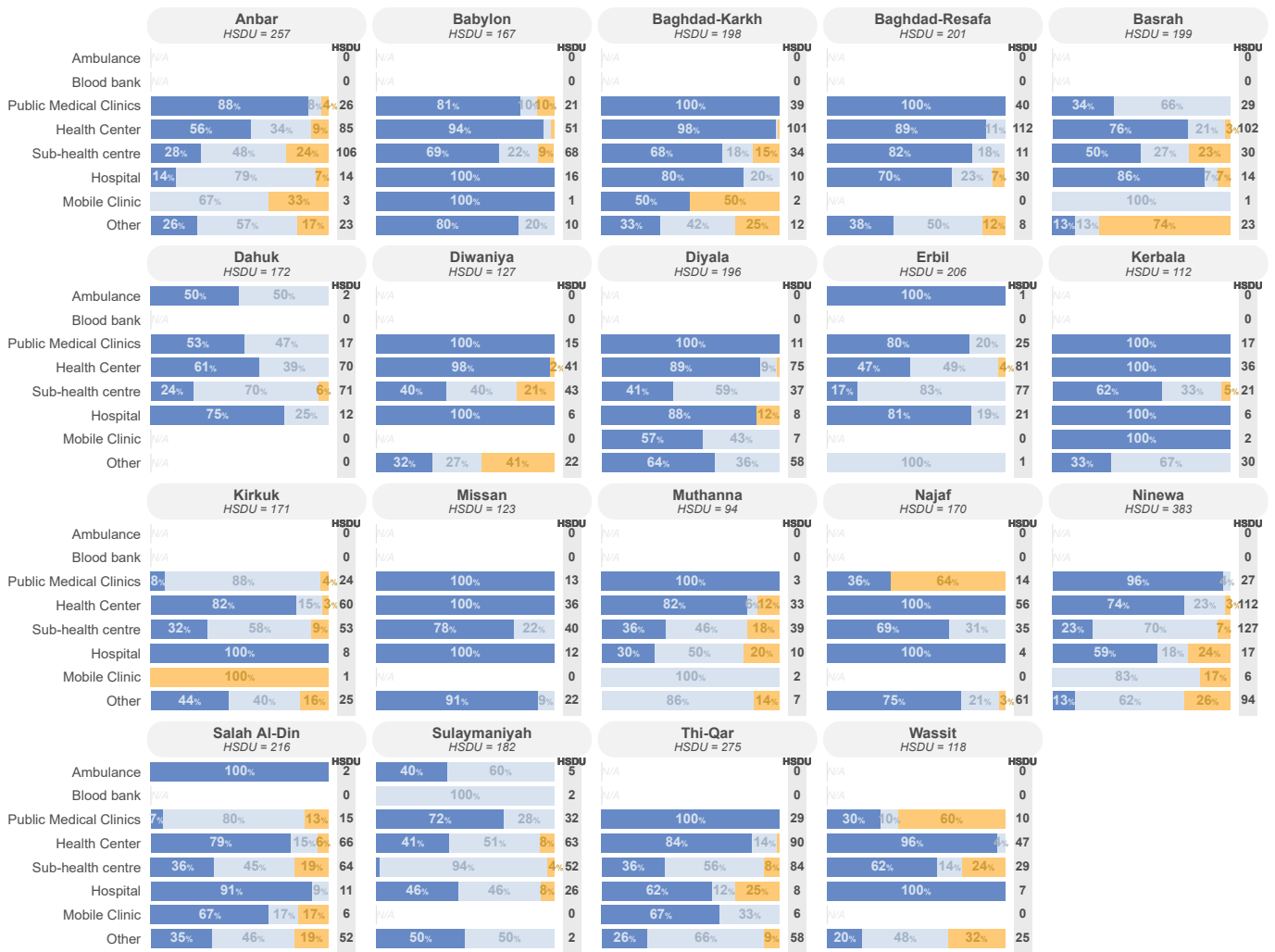


Maps

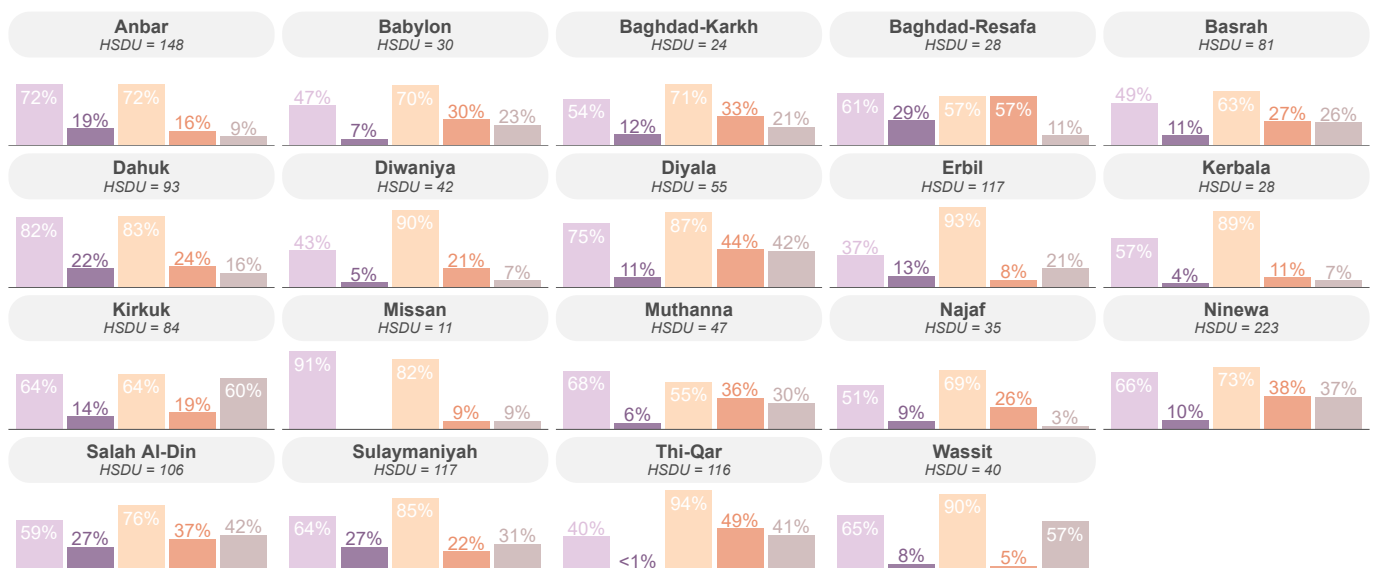




Service availability by HSDU type and by directorate of health*



Main barriers impeding service delivery by directorate of health



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

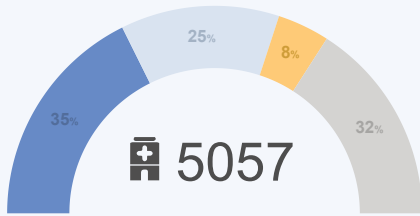
- Lack of staff
- Lack of training
- Lack of supplies
- Lack of equipment
- Lack of financial resources

* HSDUs that do not normally provide the service are excluded from this chart.

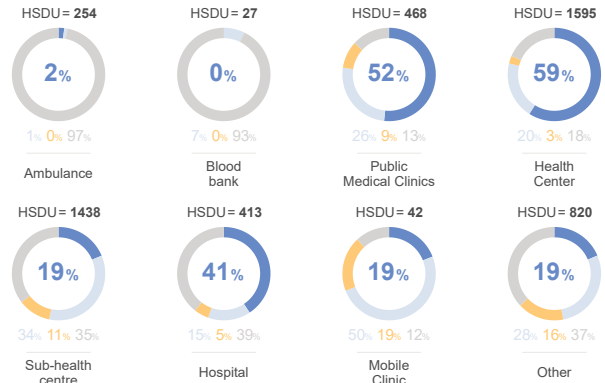


DIABETES

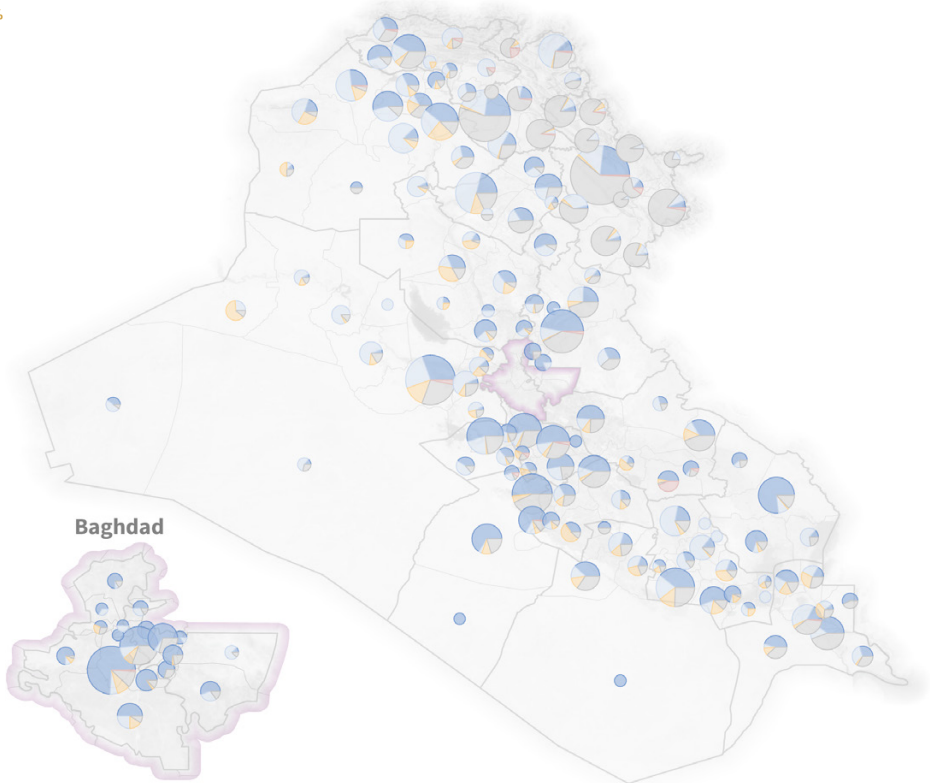
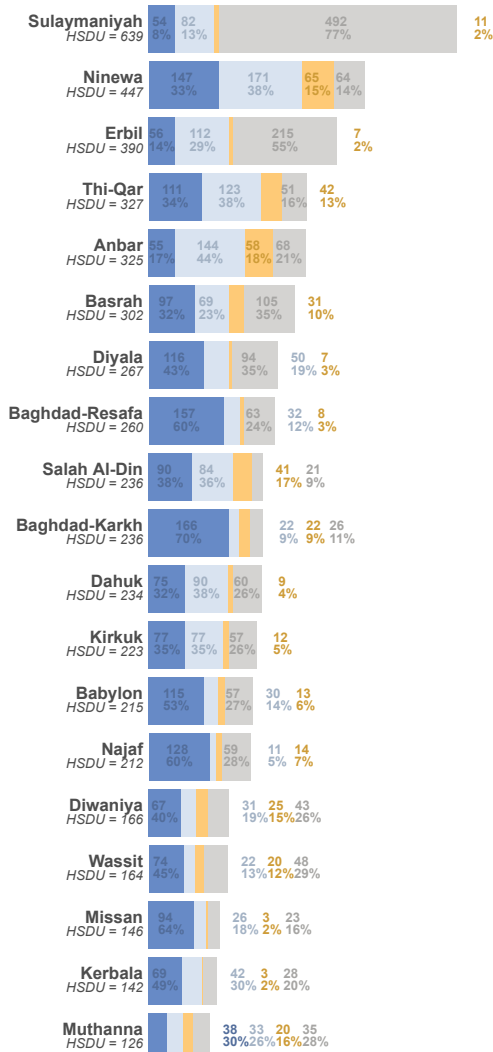
Service availability¹³



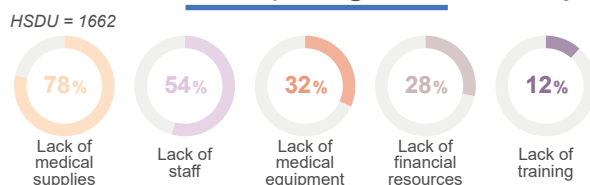
Service availability by HSDU type



Service availability by directorate of health

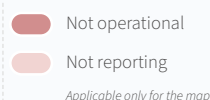


Main barriers impeding service delivery

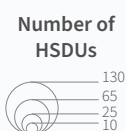


¹³ Early detection, management (oral anti-diabetic and insulin available), counselling (including dietary advice), foot care, follow-up

Availability status

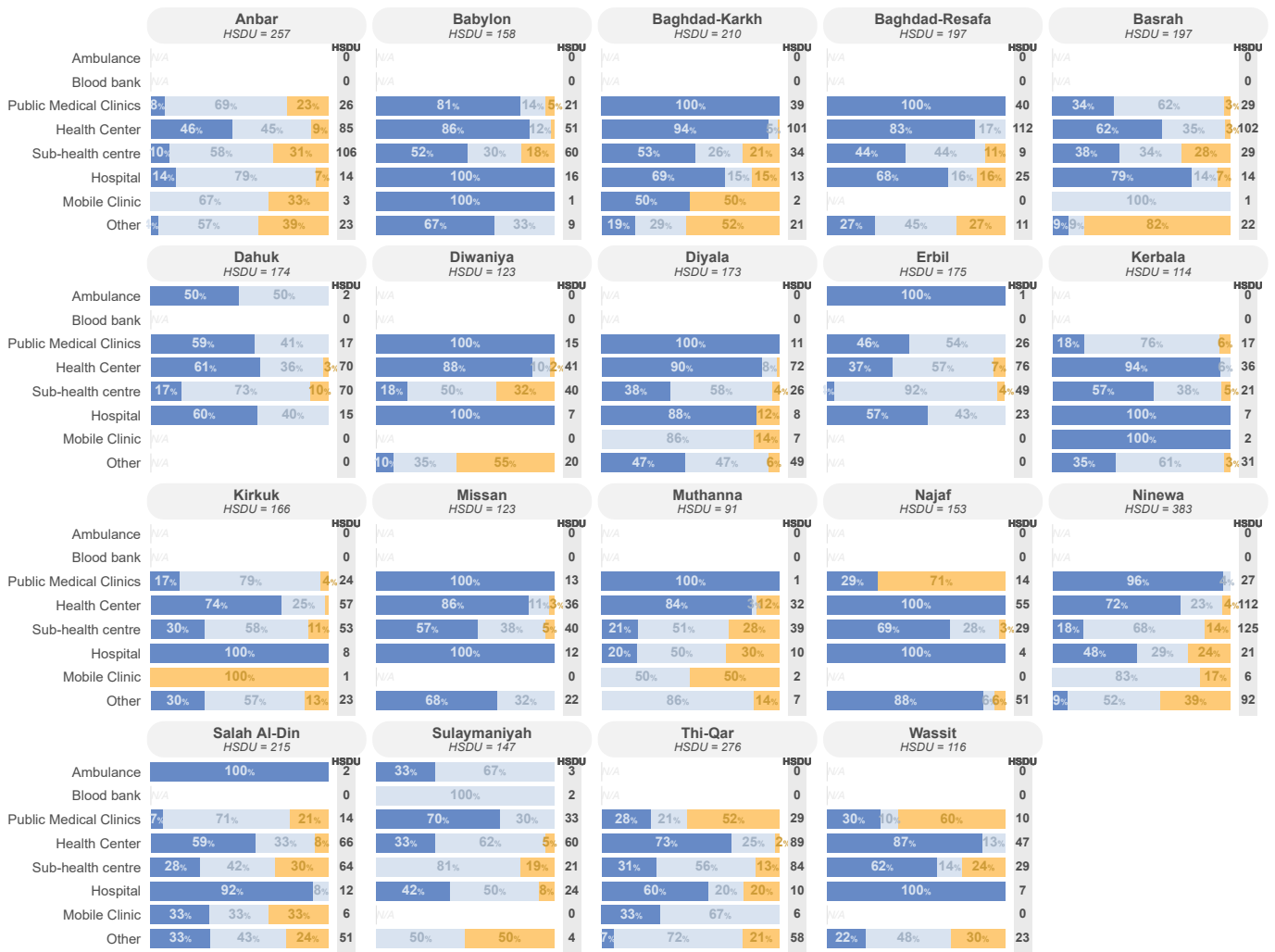


Maps

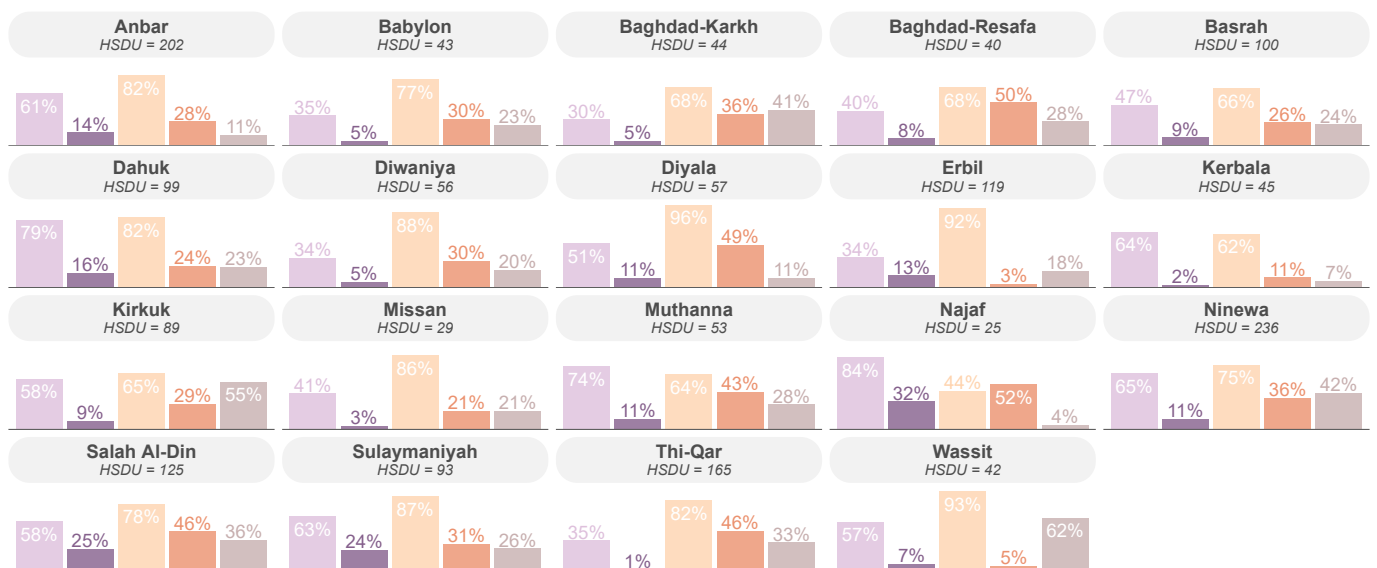




Service availability by HSDU type and by directorate of health*



Main barriers impeding service delivery by directorate of health



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

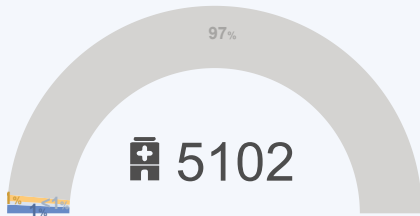
- Lack of staff
- Lack of supplies
- Lack of training
- Lack of equipment
- Lack of financial resources

* HSDUs that do not normally provide the service are excluded from this chart.

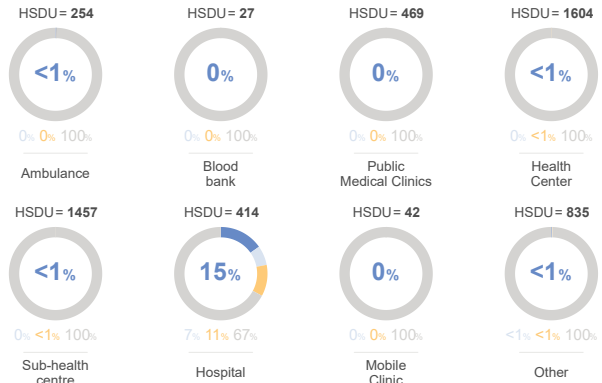


INPATIENT ACUTE REHABILITATION

Service availability¹⁴

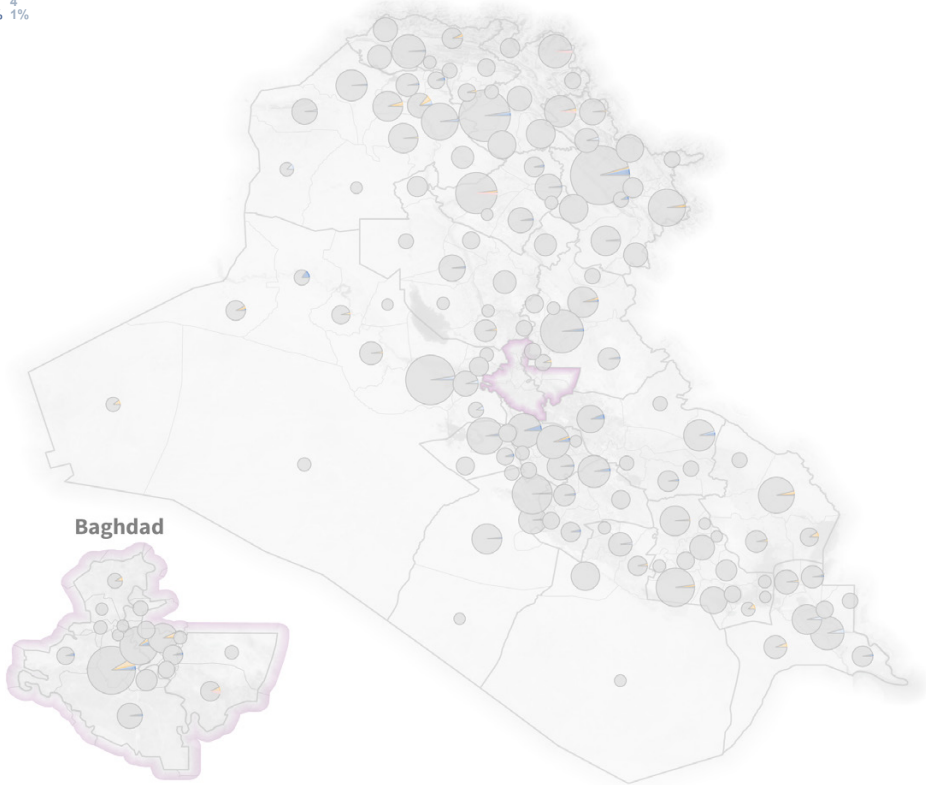


Service availability by HSDU type

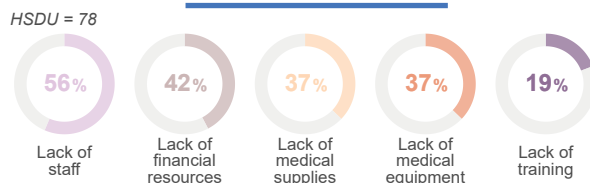


Service availability by directorate of health

Directorate	Total HSDUs	Availability
Sulaymaniyah	645	98%
Ninewa	448	96%
Erbil	398	99%
Anbar	329	96%
Thi-Qar	327	99%
Basrah	303	97%
Diyala	269	97%
Baghdad-Resafa	259	93%
Dahuk	239	98%
Baghdad-Karkh	237	95%
Salah Al-Din	236	99%
Kirkuk	222	98%
Babylon	218	96%
Najaf	214	99%
Wassit	178	96%
Diwaniya	166	98%
Missan	146	96%
Kerbala	142	98%
Muthanna	126	98%



Main barriers impeding service delivery



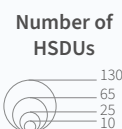
¹⁴ Inpatient rehabilitation for people with acute injury or illness, delivered by rehabilitation professionals as part of multi-disciplinary acute care, including the provision of assistive devices such as crutches or wheelchairs

Availability status

- Available
- Partially available
- Not available
- Not normally provided

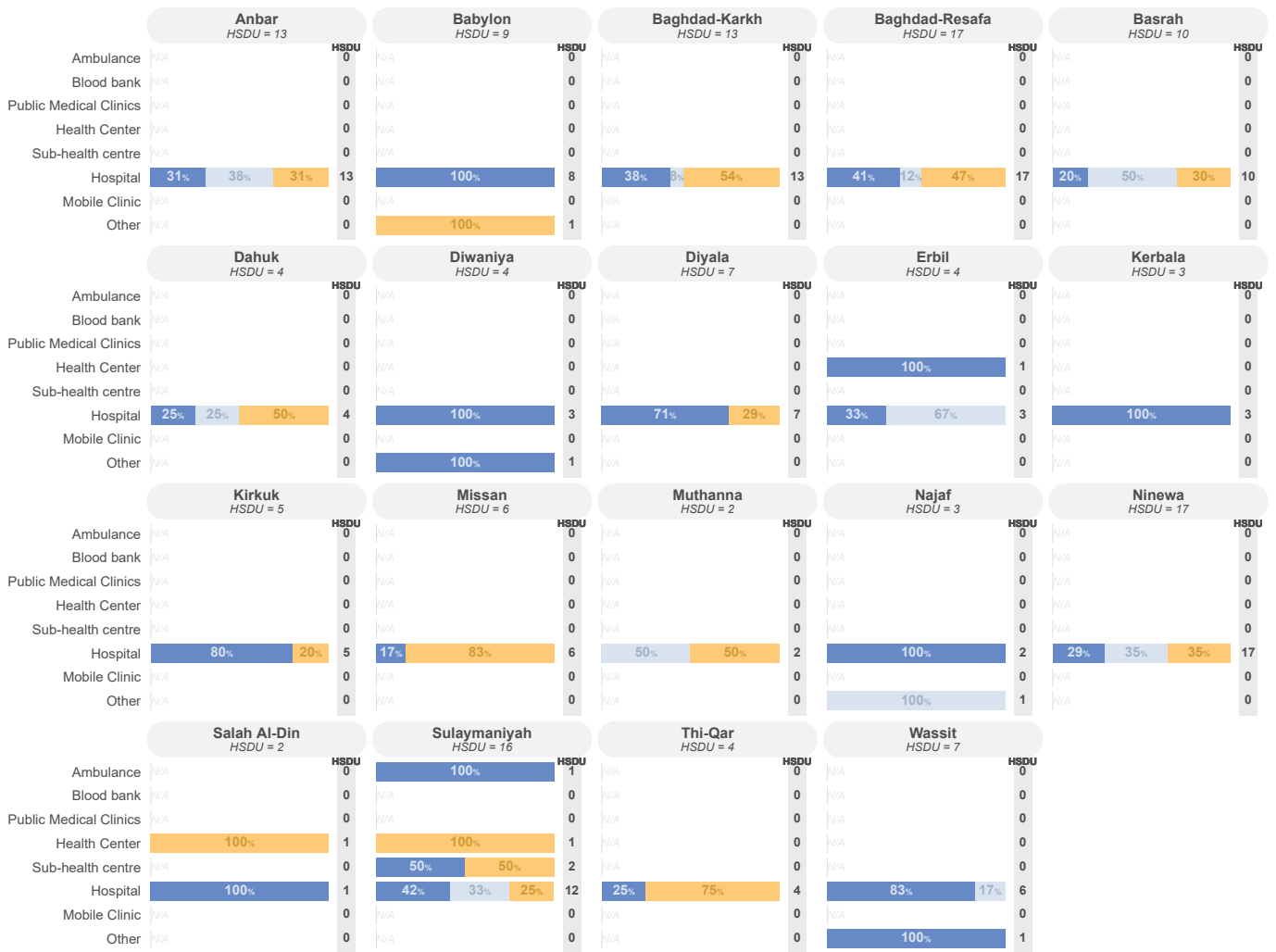
- Not operational
 - Not reporting
- Applicable only for the map*

Maps

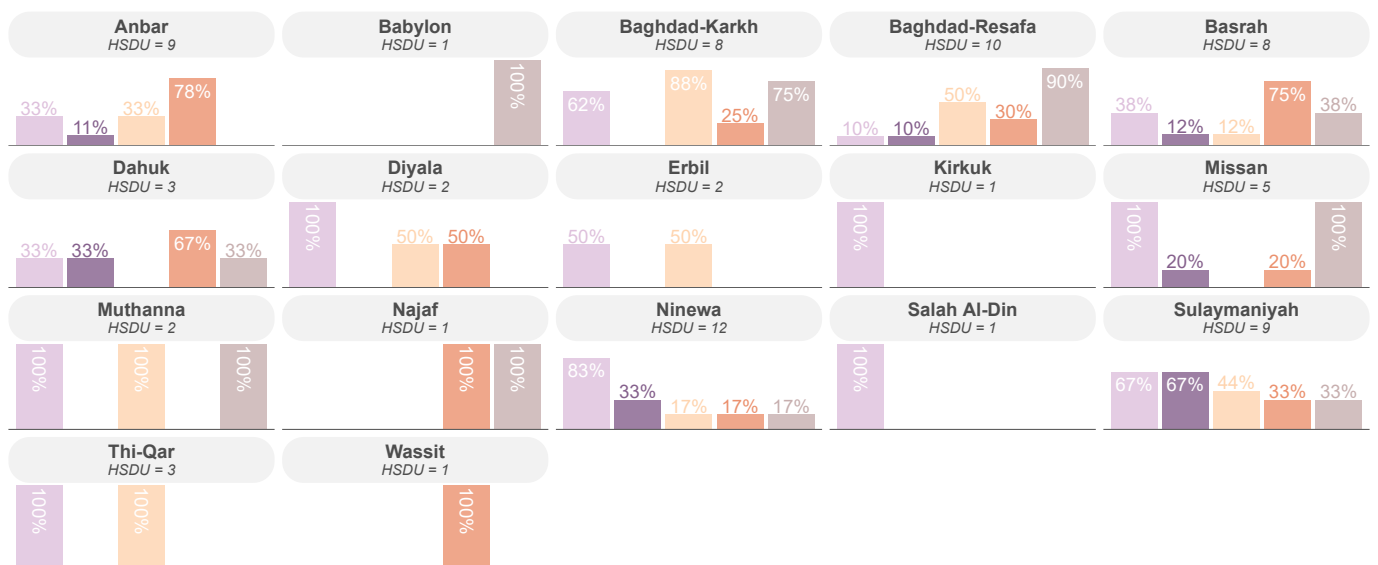




Service availability by HSDU type and by directorate of health*



Main barriers impeding service delivery by directorate of health



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

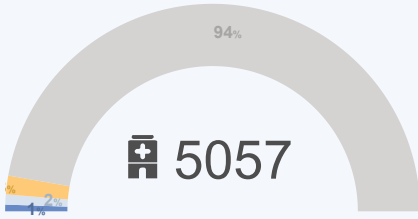
- Lack of staff
- Lack of training
- Lack of supplies
- Lack of equipment
- Lack of financial resources

* HSDUs that do not normally provide the service are excluded from this chart.

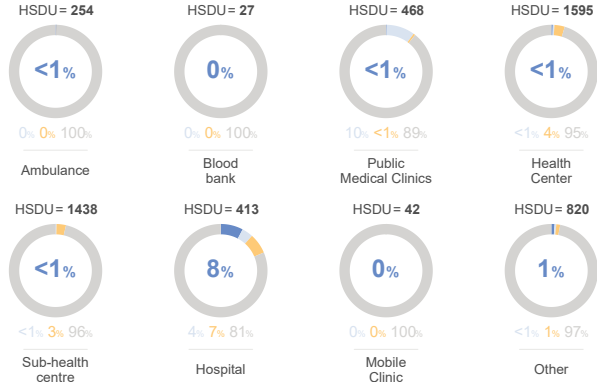


MEDICAL REHABILITATION SERVICES AT THE OUTPATIENT LEVEL

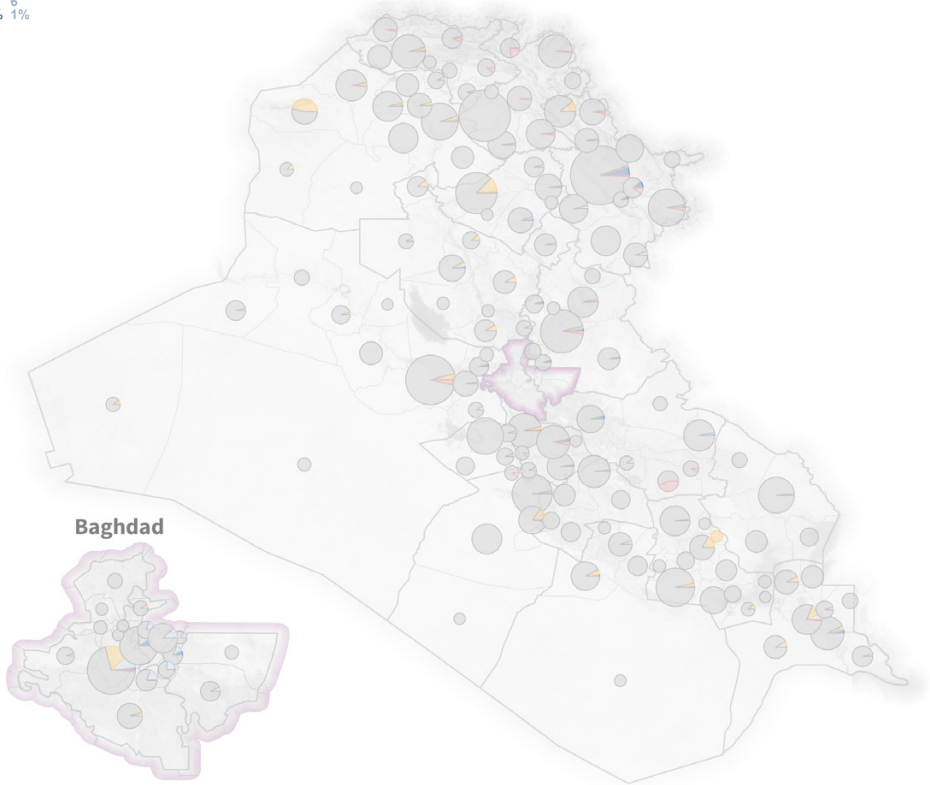
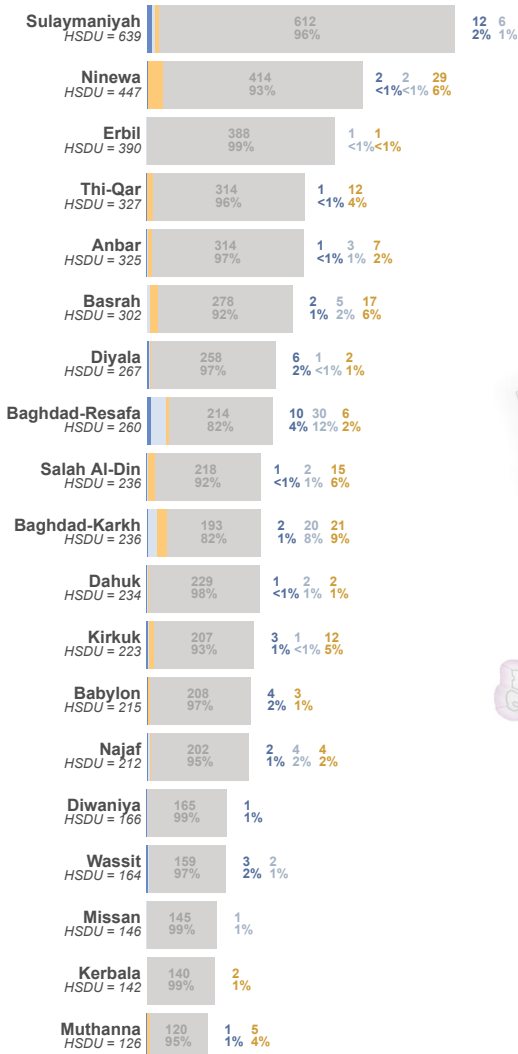
Service availability¹⁵



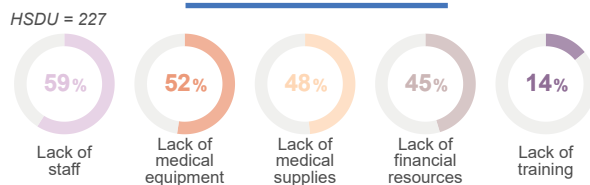
Service availability by HSDU type



Service availability by directorate of health

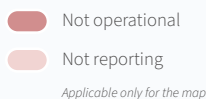
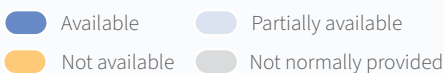


Main barriers impeding service delivery

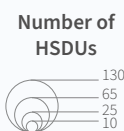


¹⁵ Rehabilitation provided by a professional via an outpatient, mobile, or post-acute inpatient rehabilitation service, often as part of follow up care, including assistive device provision or maintenance

Availability status



Maps

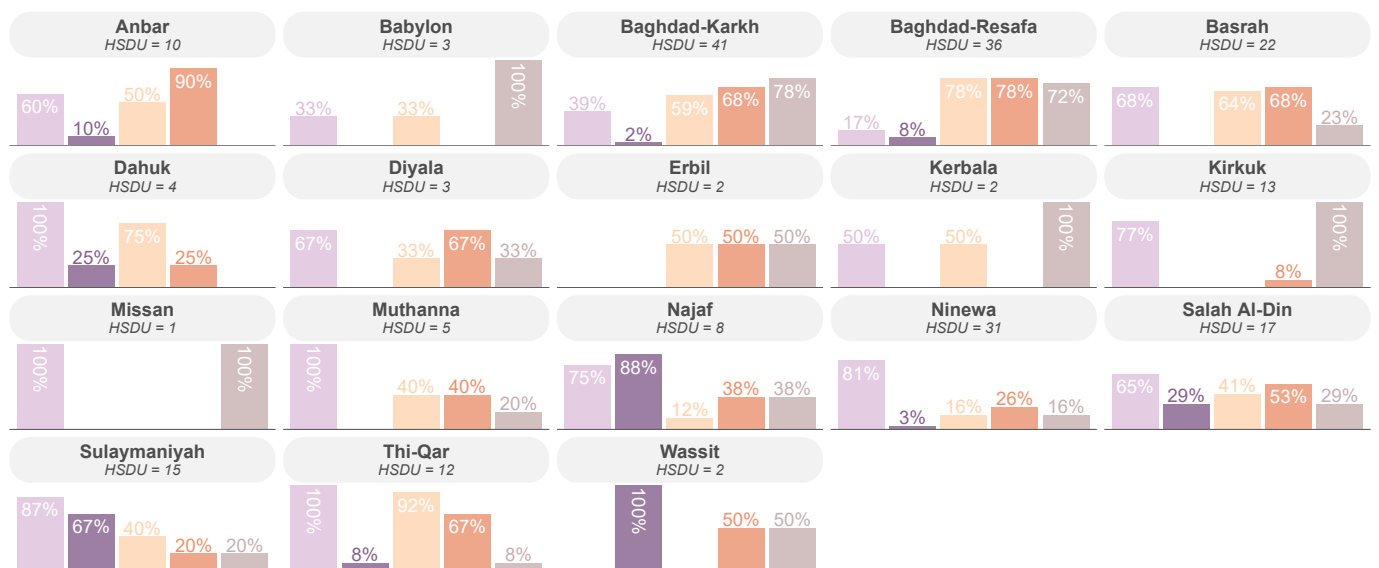




Service availability by HSDU type and by directorate of health*



Main barriers impeding service delivery by directorate of health



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

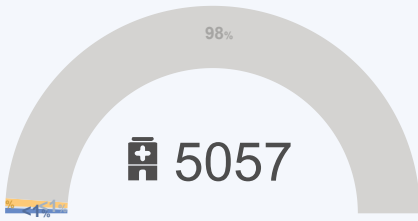
- Lack of staff
- Lack of supplies
- Lack of financial resources
- Lack of training
- Lack of equipment

* HSDUs that do not normally provide the service are excluded from this chart.

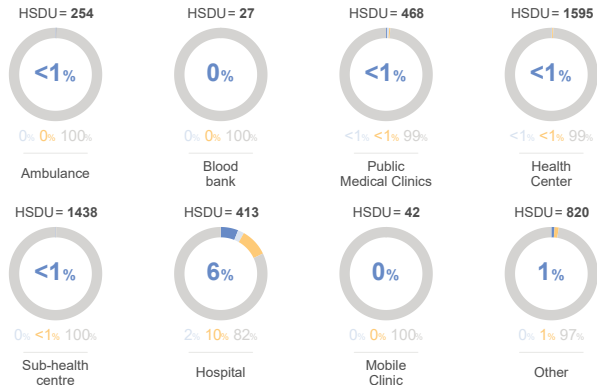


DEVICES AND PRODUCTS FOR PATIENTS

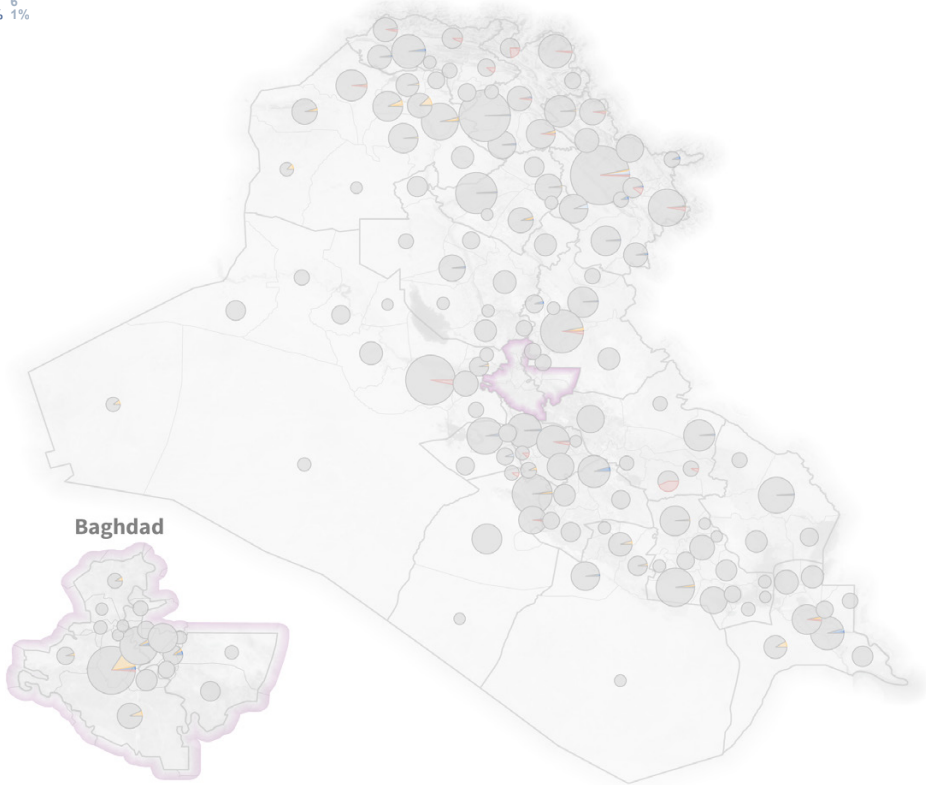
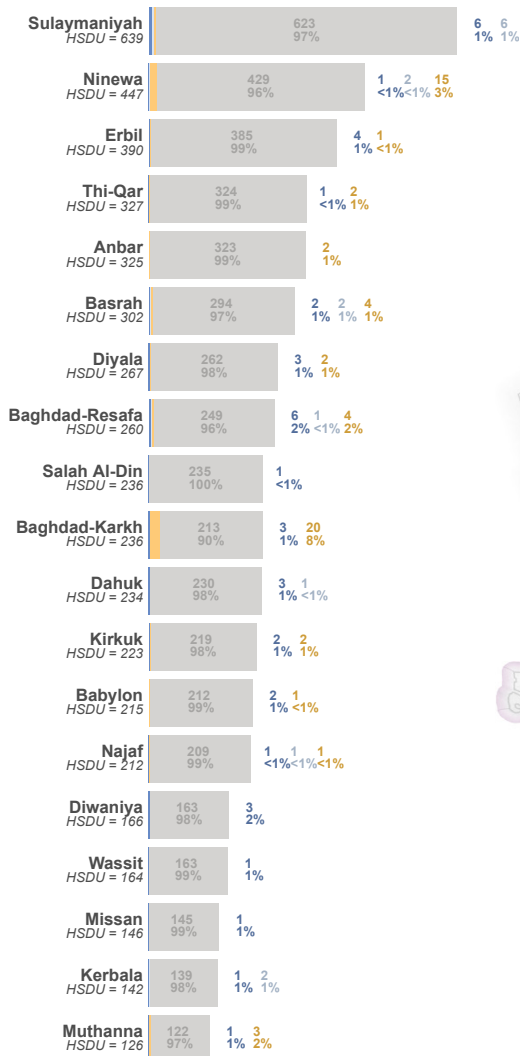
Service availability¹⁶



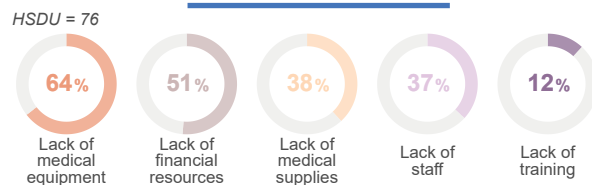
Service availability by HSDU type



Service availability by directorate of health

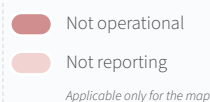
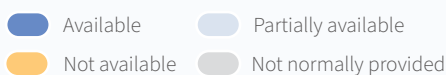


Main barriers impeding service delivery

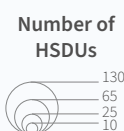


¹⁶ Manufacture, fitting and training to use prosthetic and orthotic devices

Availability status

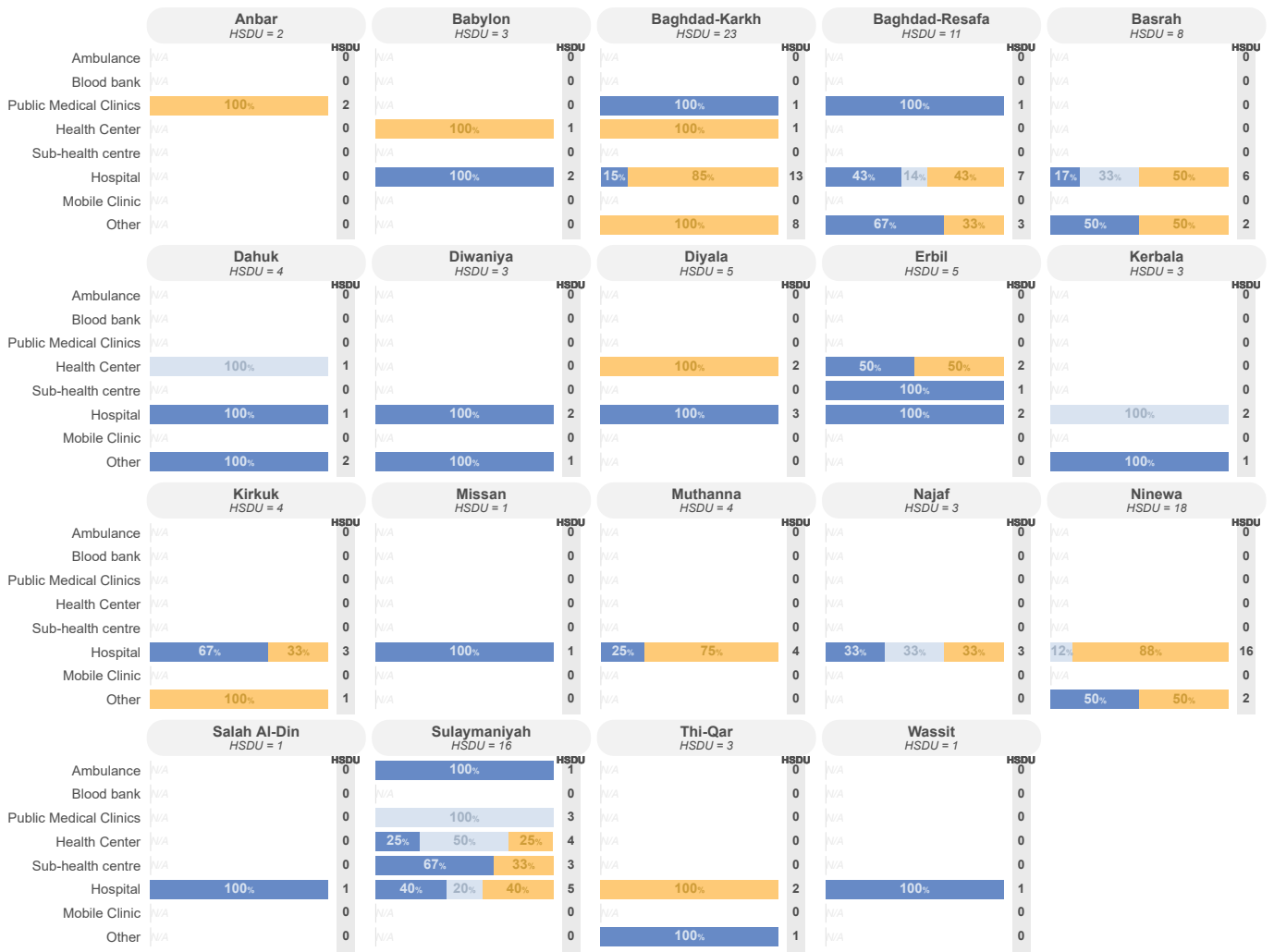


Maps

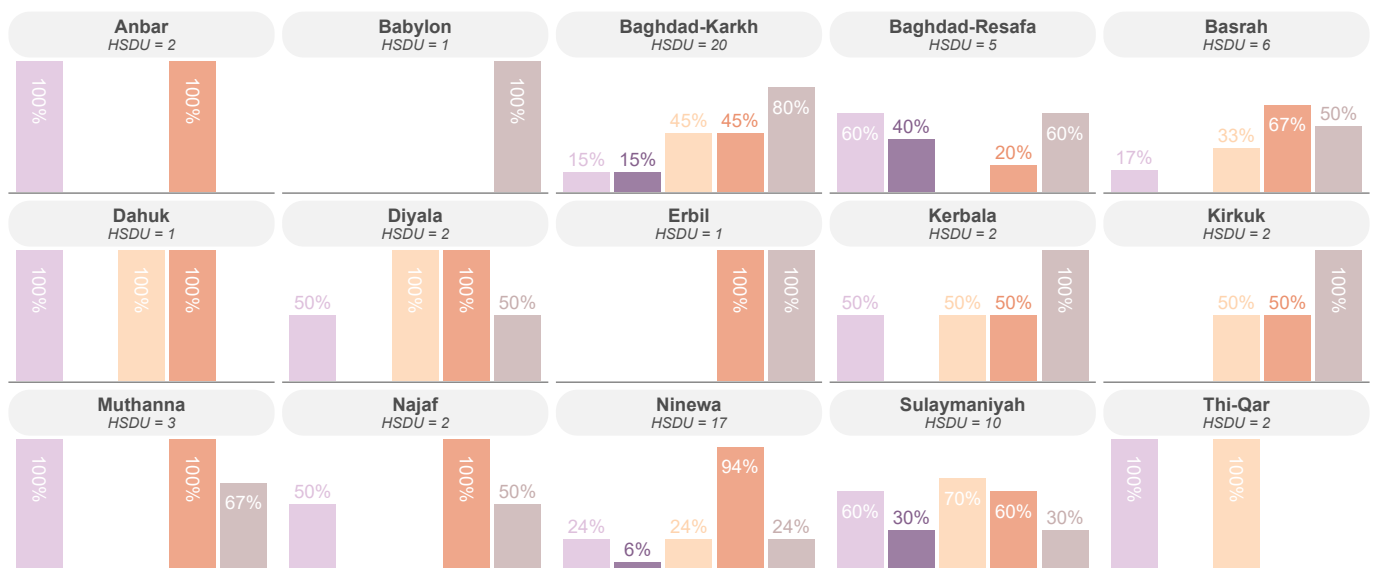




Service availability by HSDU type and by directorate of health*



Main barriers impeding service delivery by directorate of health



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

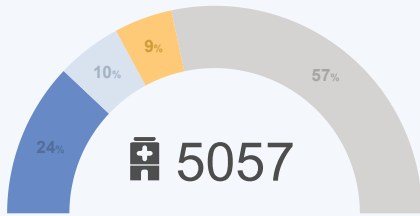
- Lack of staff
- Lack of training
- Lack of supplies
- Lack of equipment
- Lack of financial resources

* HSDUs that do not normally provide the service are excluded from this chart.

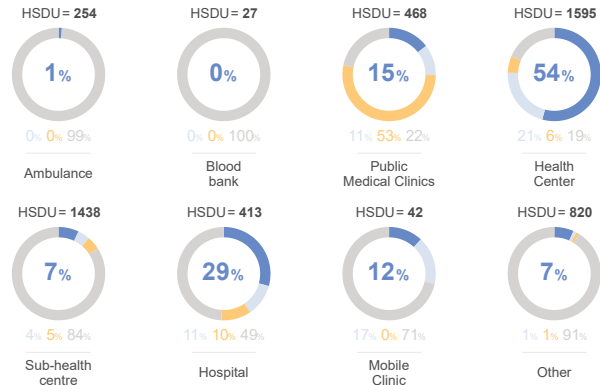


ORAL HEALTH AND DENTAL CARE

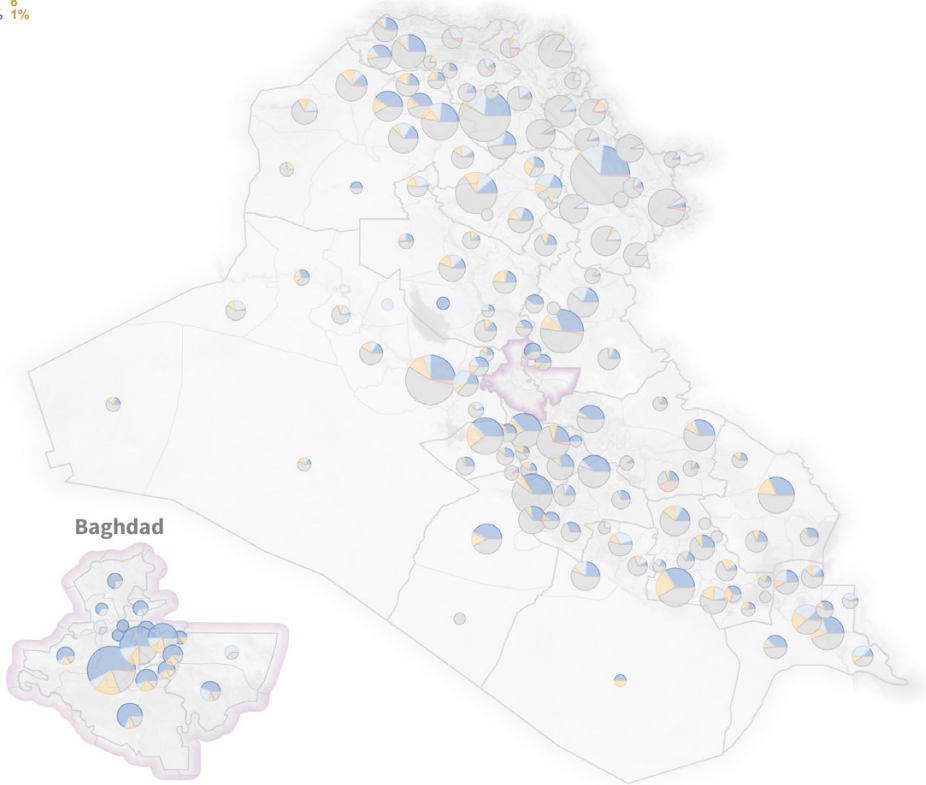
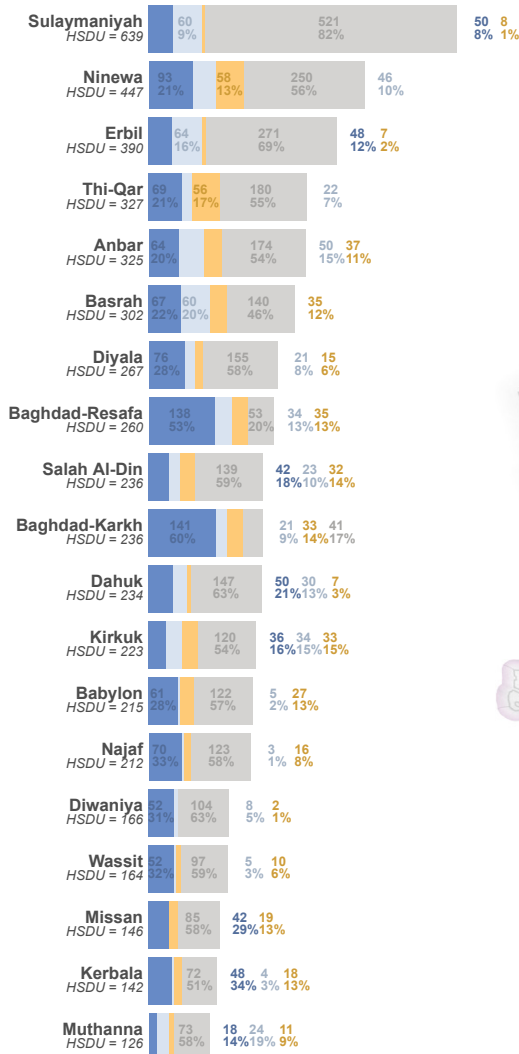
Service availability¹⁷



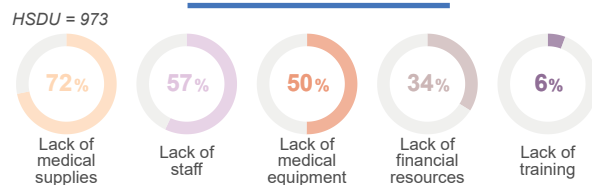
Service availability by HSDU type



Service availability by directorate of health

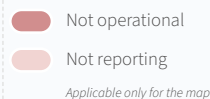
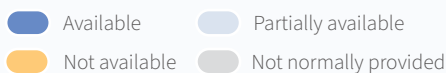


Main barriers impeding service delivery

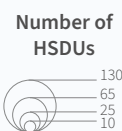


¹⁷ Chart excludes HSDUs where oral health and dental care is not normally provided.

Availability status

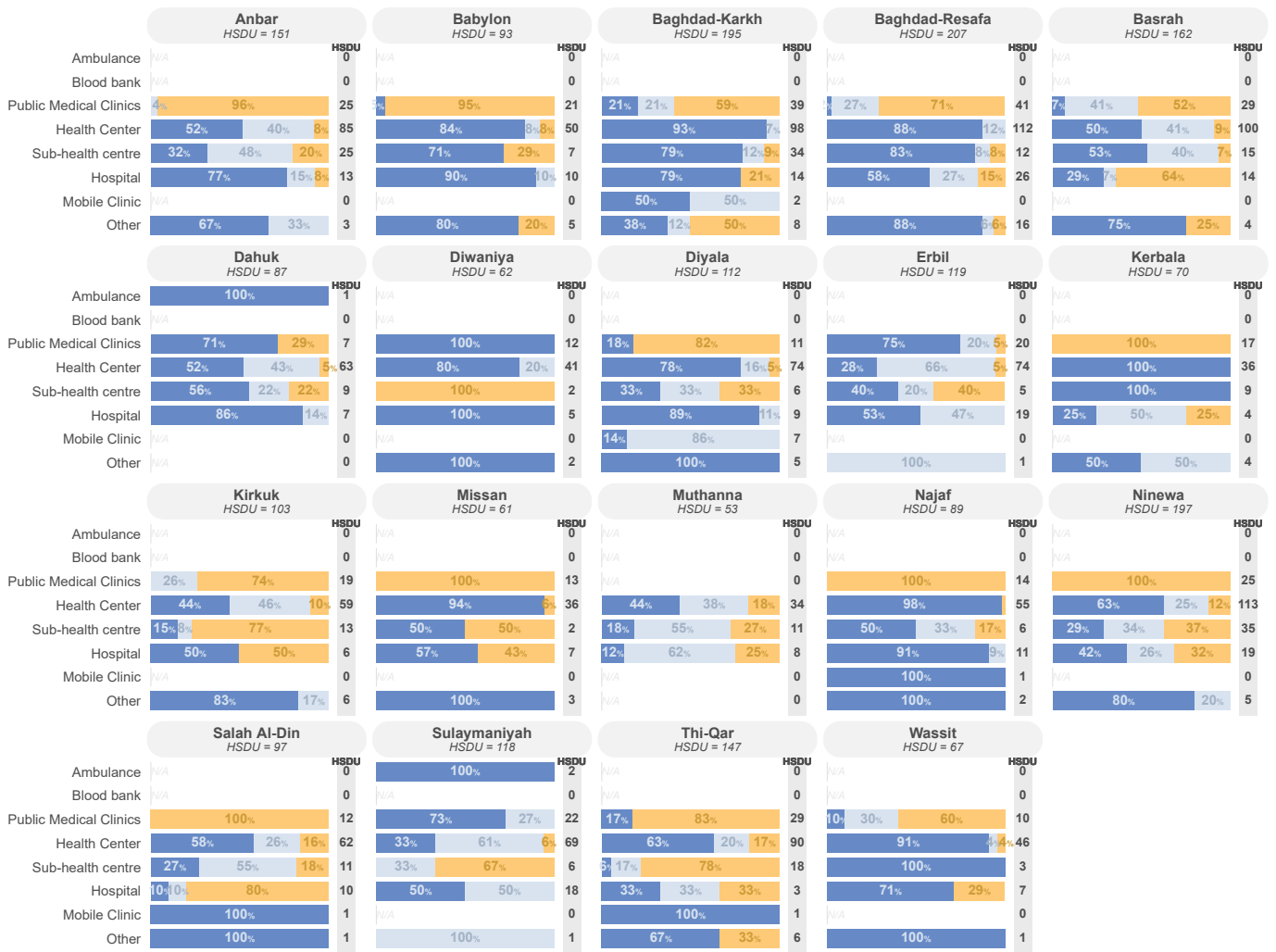


Maps

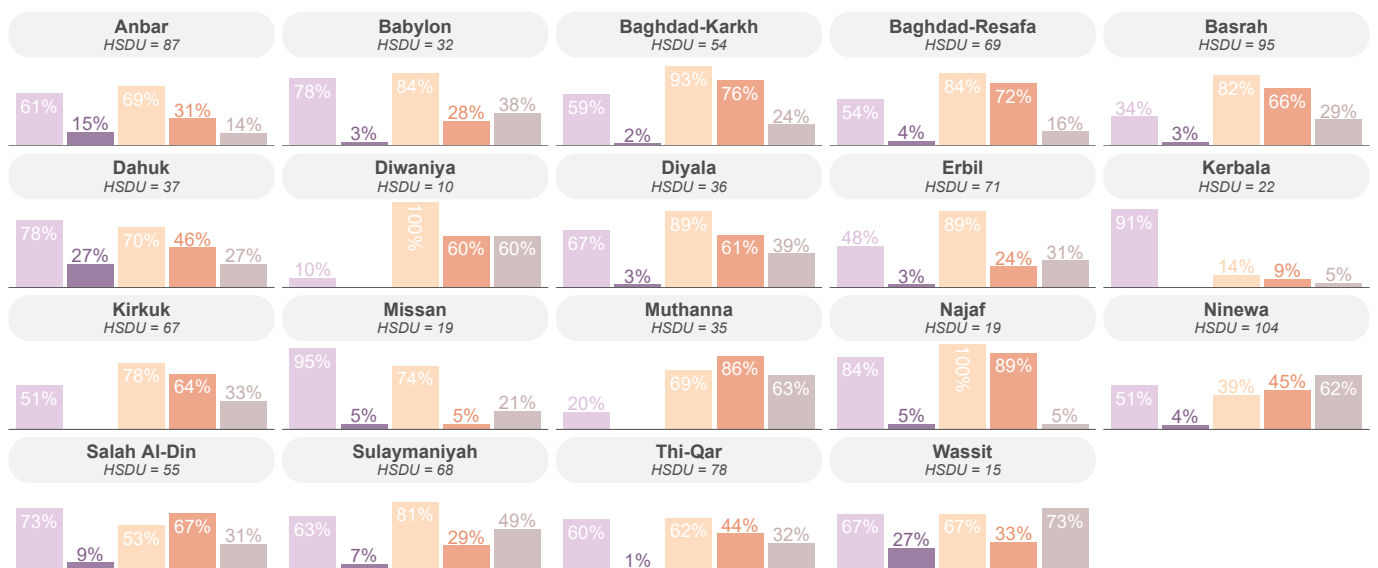




Service availability by HSDU type and by directorate of health*



Main barriers impeding service delivery by directorate of health



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

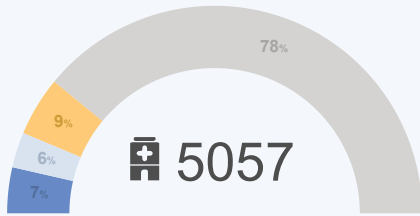
- Lack of staff
- Lack of training
- Lack of supplies
- Lack of equipment
- Lack of financial resources

* HSDUs that do not normally provide the service are excluded from this chart.

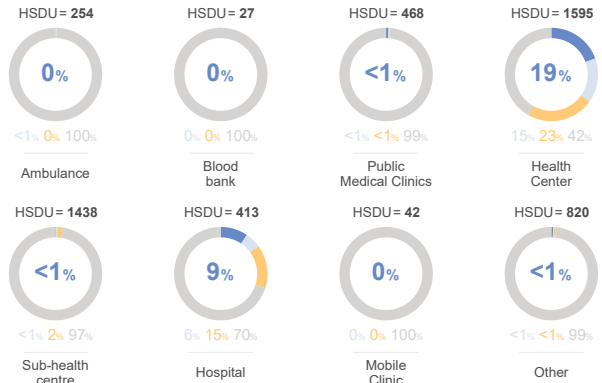


PSYCHOLOGICAL FIRST AID

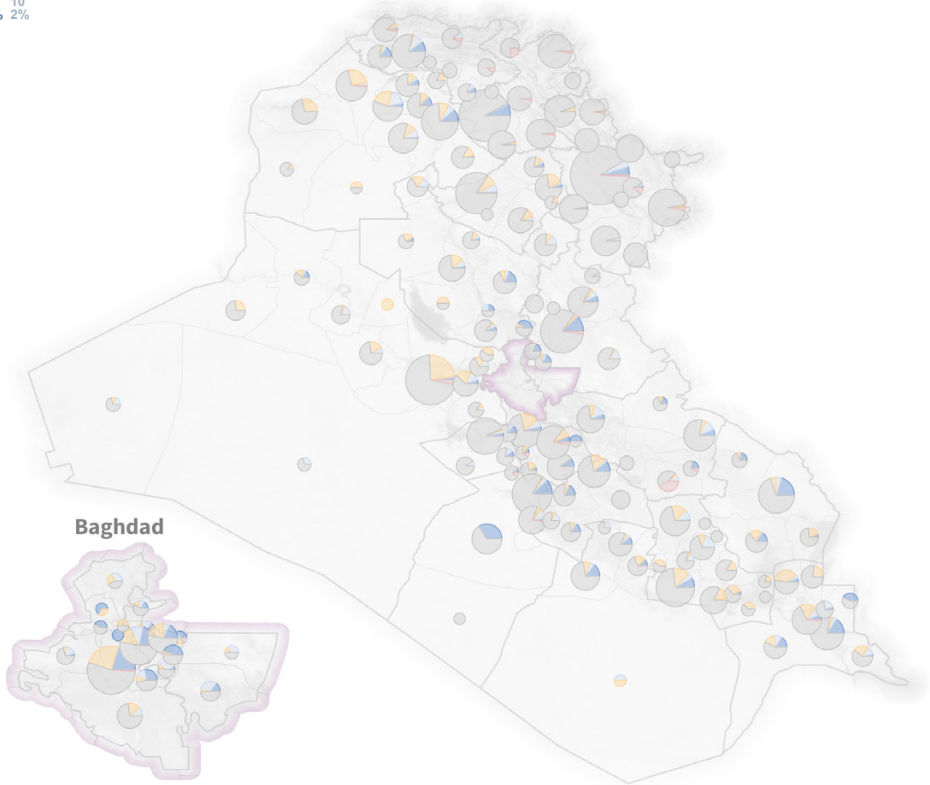
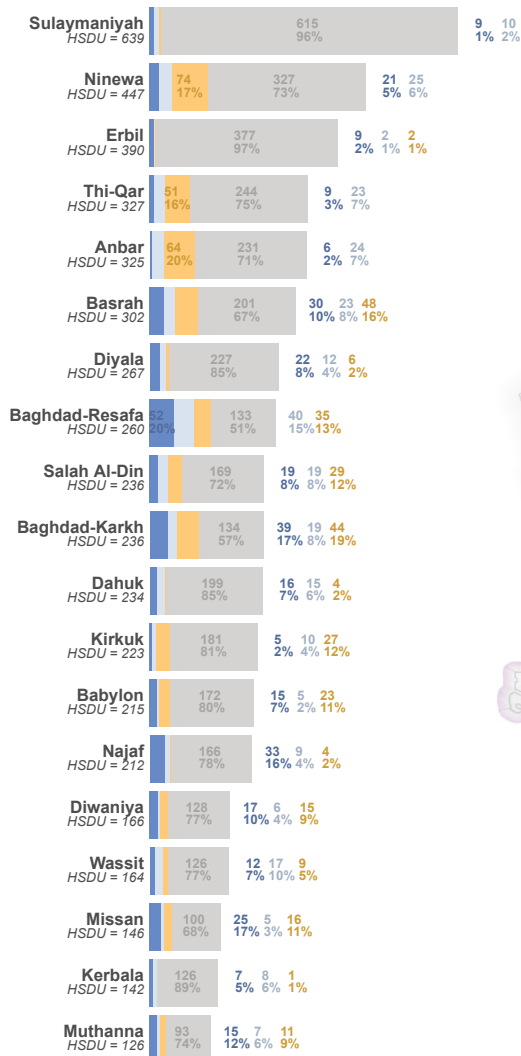
Service availability¹⁸



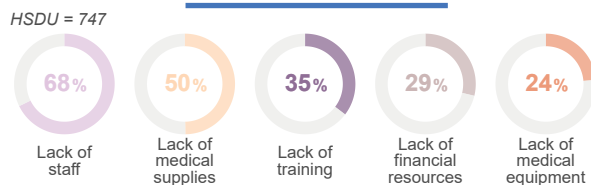
Service availability by HSDU type



Service availability by directorate of health

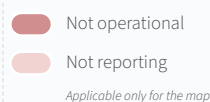
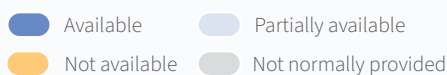


Main barriers impeding service delivery

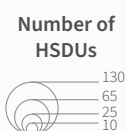


¹⁸ Psychological first aid for distressed people, survivors of assault, abuse, neglect, domestic violence, and linking vulnerable individuals/families with resources, such as health services, livelihood assistance etc.

Availability status



Maps

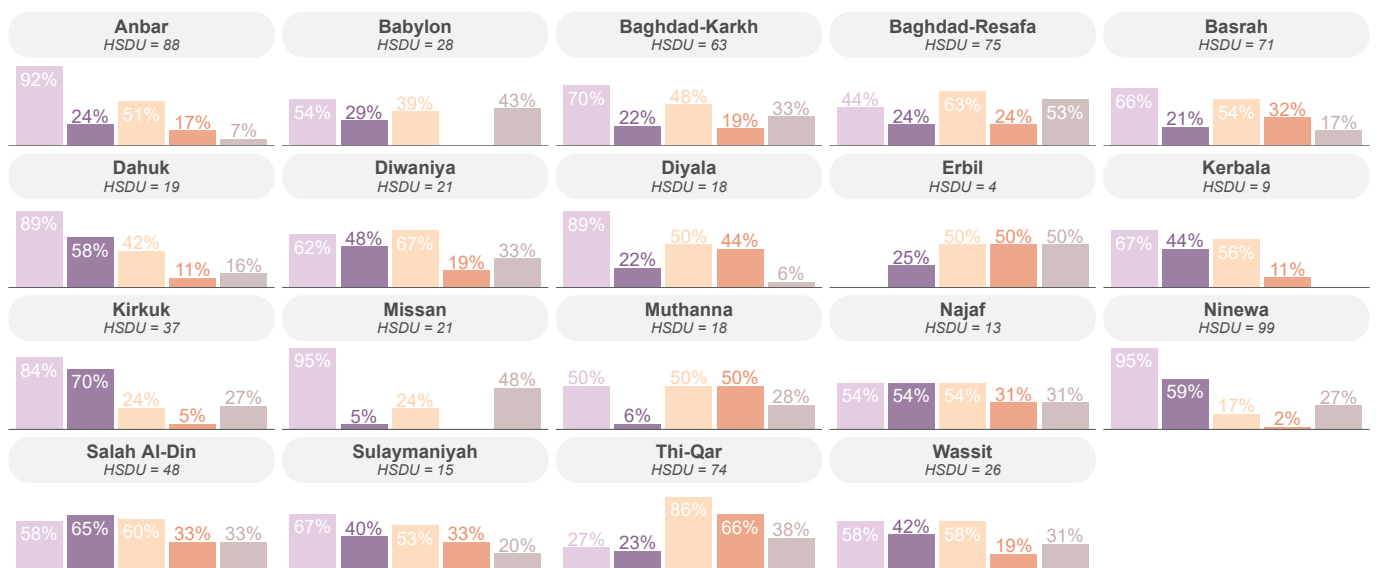




Service availability by HSDU type and by directorate of health*



Main barriers impeding service delivery by directorate of health



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

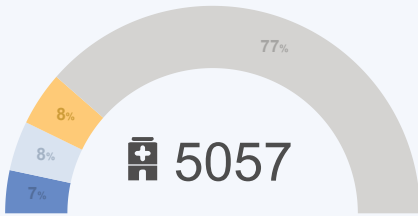
- Lack of staff
- Lack of supplies
- Lack of training
- Lack of equipment
- Lack of financial resources

* HSDUs that do not normally provide the service are excluded from this chart.

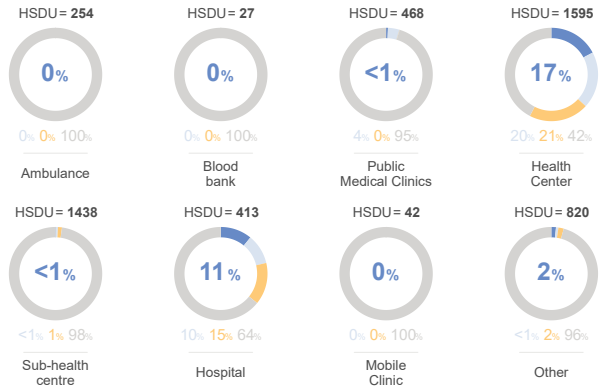


MANAGEMENT OF MENTAL DISORDERS

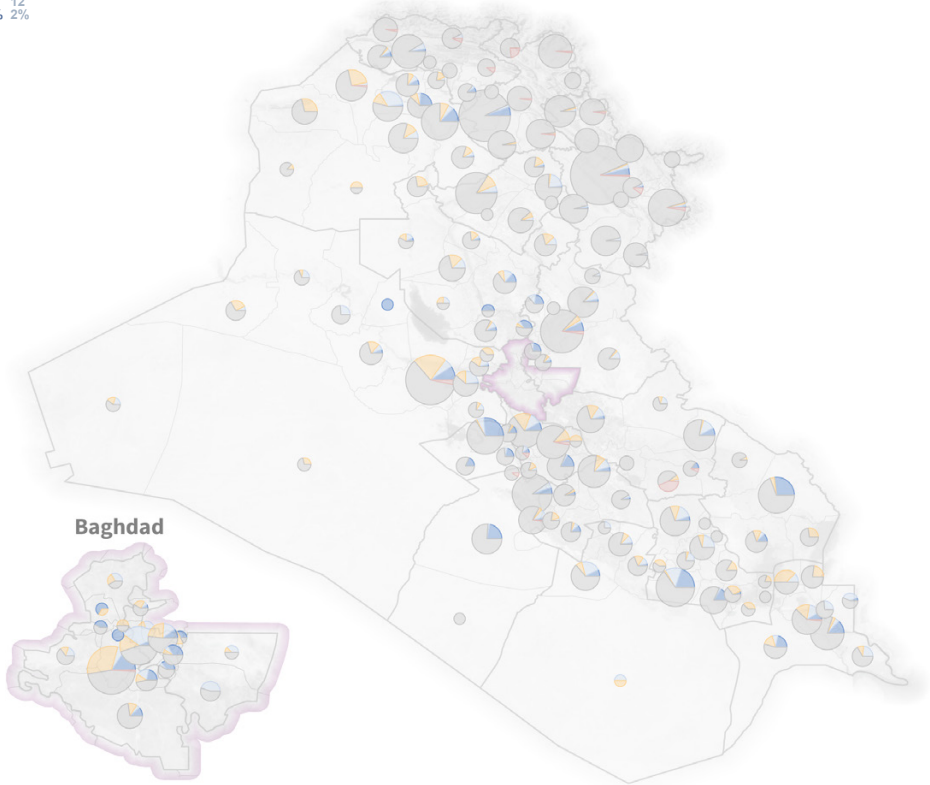
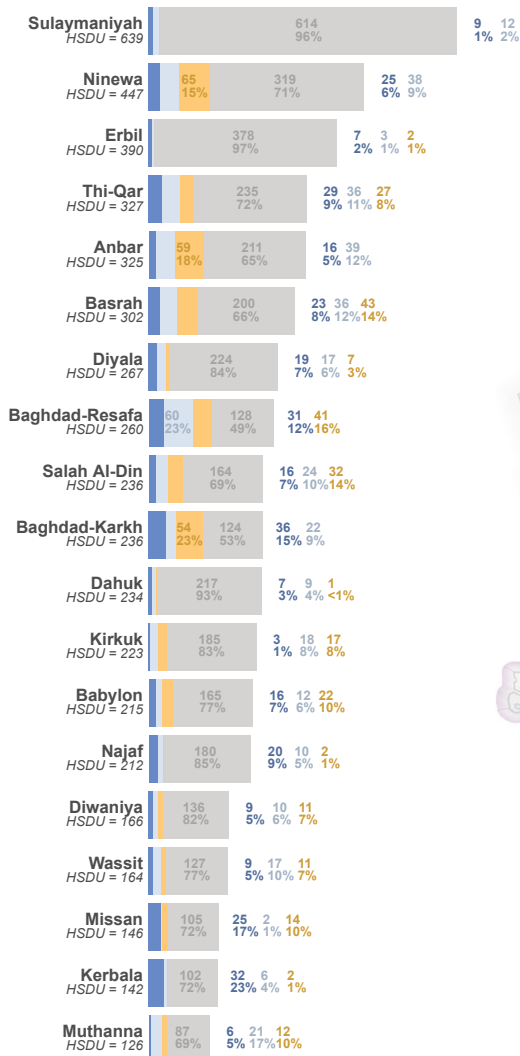
Service availability¹⁹



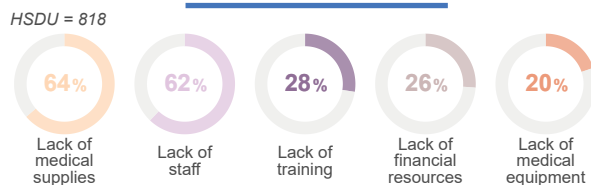
Service availability by HSDU type



Service availability by directorate of health

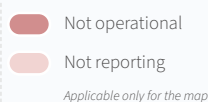
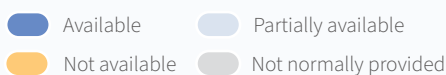


Main barriers impeding service delivery

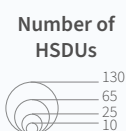


¹⁹ Management of mental disorders by specialized and/or trained and supervised non-specialized health-care providers, availability of fluoxetine, carbamazepine, haloperidol, biperiden, and diazepam

Availability status

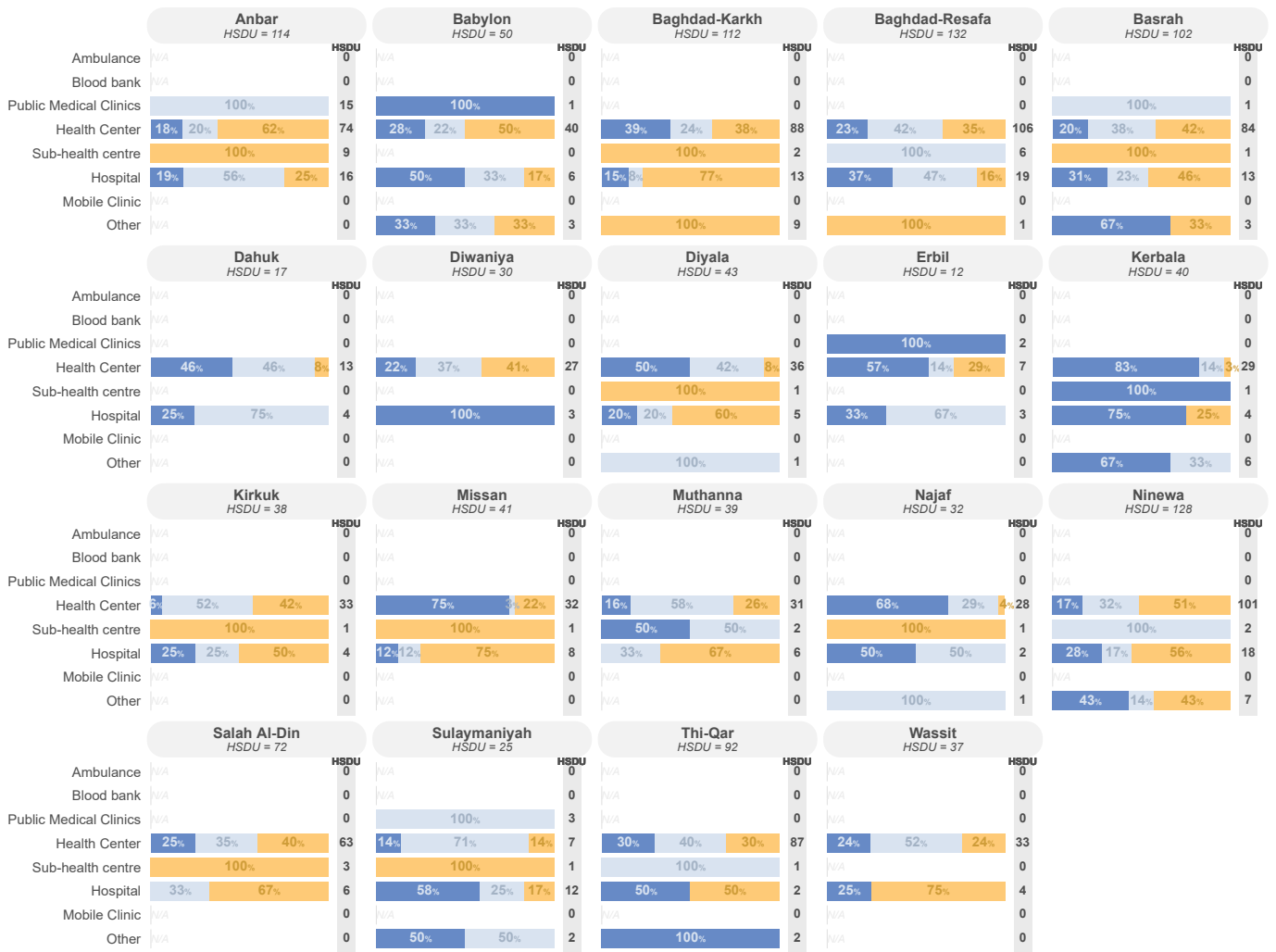


Maps

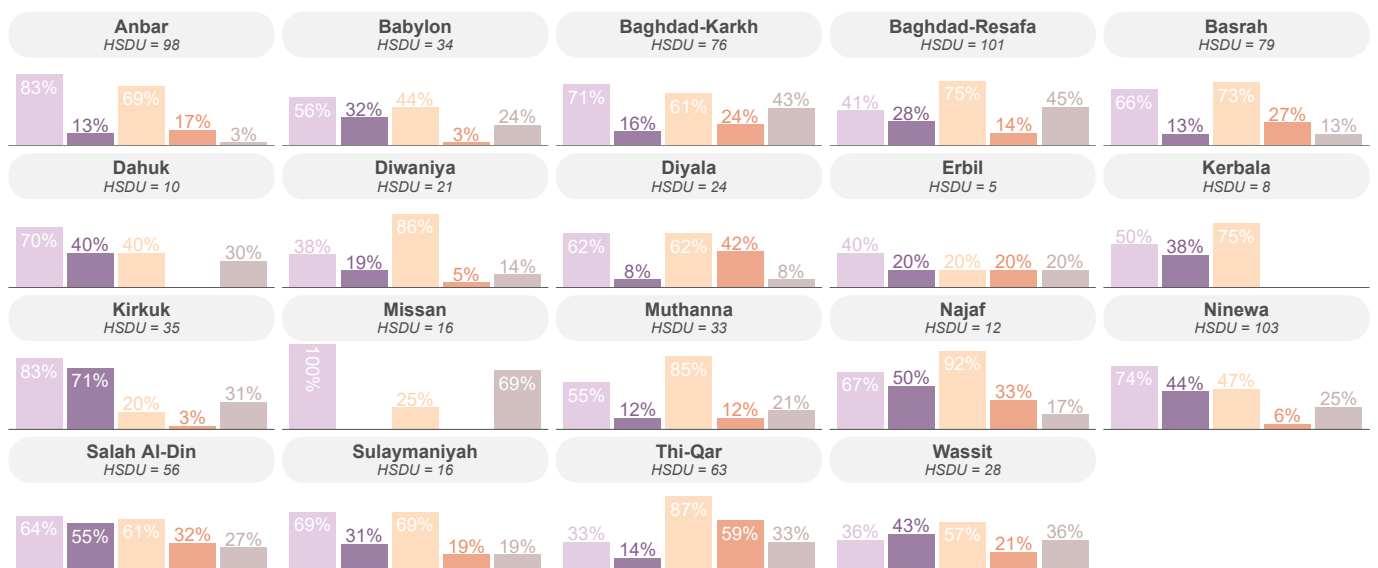




Service availability by HSDU type and by directorate of health*



Main barriers impeding service delivery by directorate of health



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

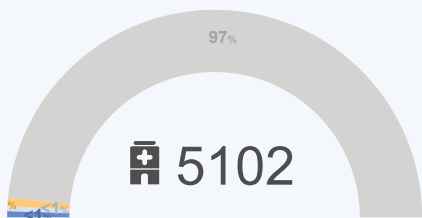
- Lack of staff
- Lack of supplies
- Lack of training
- Lack of equipment
- Lack of financial resources

* HSDUs that do not normally provide the service are excluded from this chart.

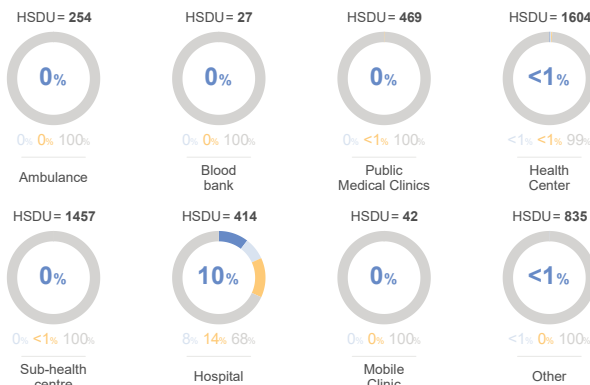


INPATIENT CARE FOR MENTAL DISORDERS

Service availability²⁰

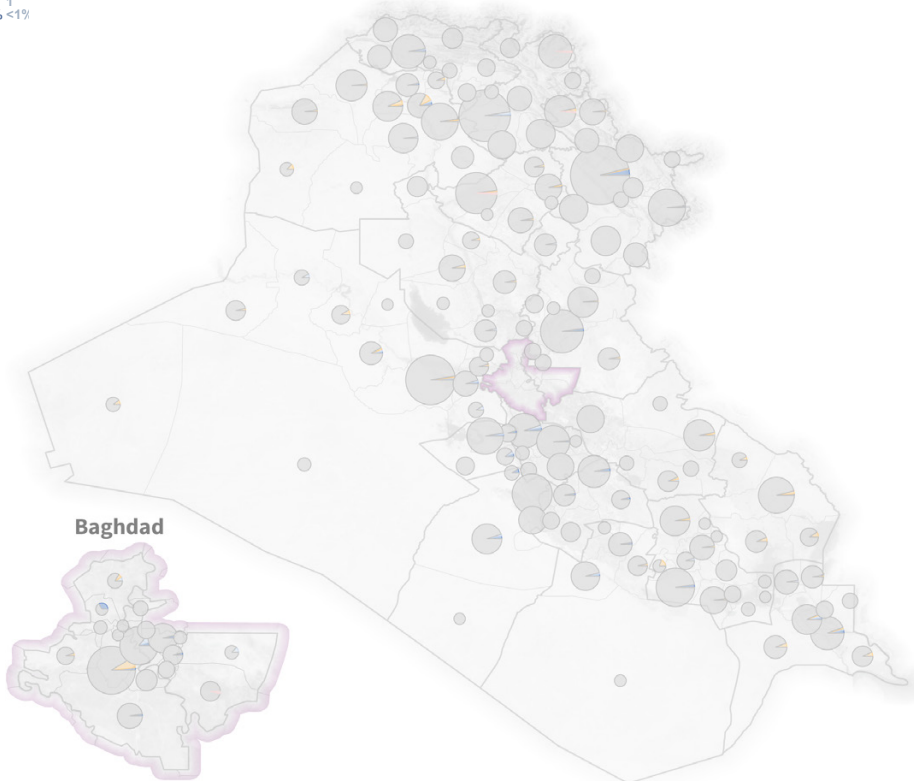


Service availability by HSDU type

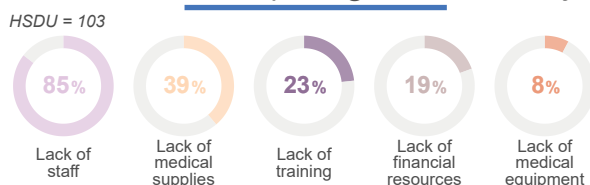


Service availability by directorate of health

Directorate of Health	Total HSDUs	Available (%)	Partially available	Not available	Not normally provided
Sulaymaniyah	635	98%	5	1	<1%
Ninewa	429	96%	4	3	12
Erbil	395	99%	1	2	<1%
Anbar	314	95%	3	5	7
Thi-Qar	319	98%	2	2	4
Basrah	289	95%	3	4	7
Diyala	265	99%	2	2	1
Baghdad-Resafa	243	94%	7	9	3
Dahuk	237	99%	1	1	<1%
Baghdad-Karkh	222	94%	4	1	10
Salah Al-Din	230	97%	2	4	2
Kirkuk	216	97%	1	1	4
Babylon	213	98%	3	2	1
Najaf	210	98%	3	1	<1%
Wassit	174	98%	2	2	1
Diwaniya	162	98%	4	2	
Missan	138	95%	1	7	5
Kerbala	137	96%	3	2	1
Muthanna	122	97%	2	1	1



Main barriers impeding service delivery



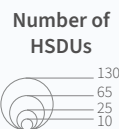
²⁰ Inpatient management of mental disorders by specialized and/or trained and supervised non-specialized healthcare providers

Availability status

- Available
- Partially available
- Not available
- Not normally provided

- Not operational
 - Not reporting
- Applicable only for the map*

Maps

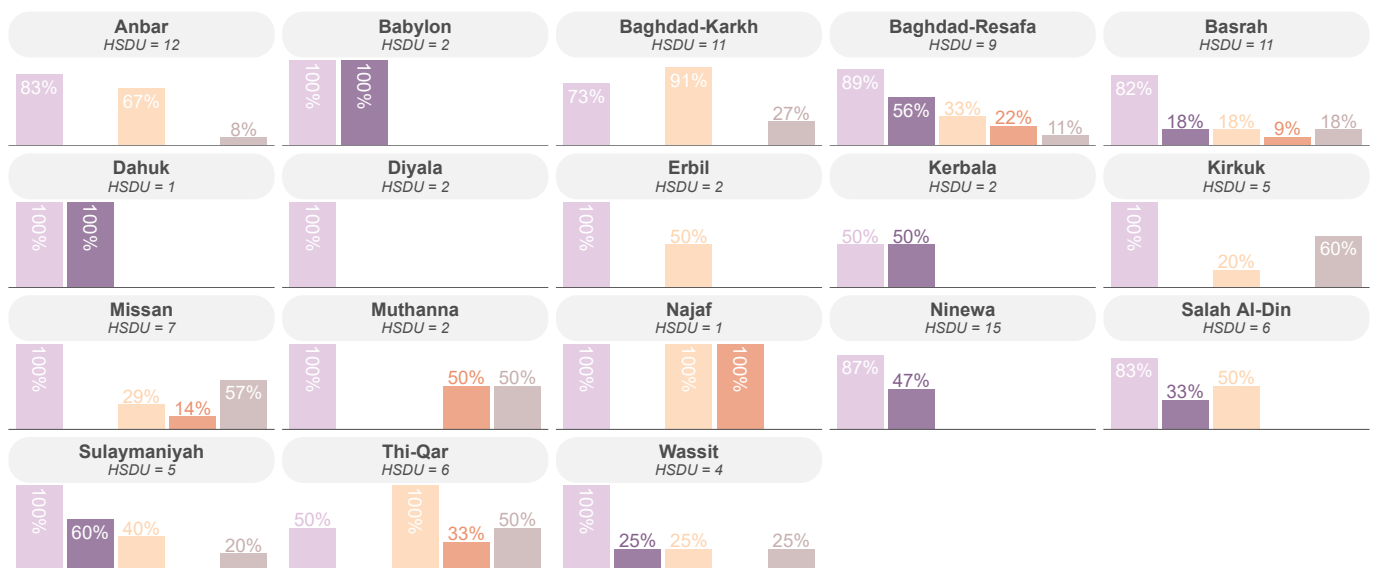




Service availability by HSDU type and by directorate of health*



Main barriers impeding service delivery by directorate of health



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

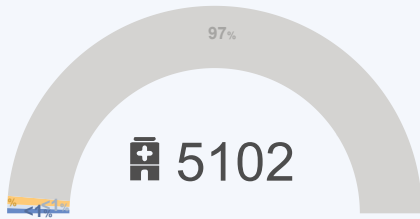
- Lack of staff
- Lack of supplies
- Lack of training
- Lack of equipment
- Lack of financial resources

* HSDUs that do not normally provide the service are excluded from this chart.

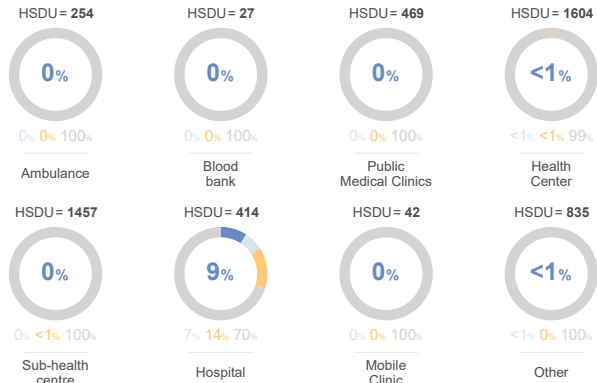


INPATIENT CARE FOR MENTAL DISORDERS BY SPECIALISTS

Service availability²¹

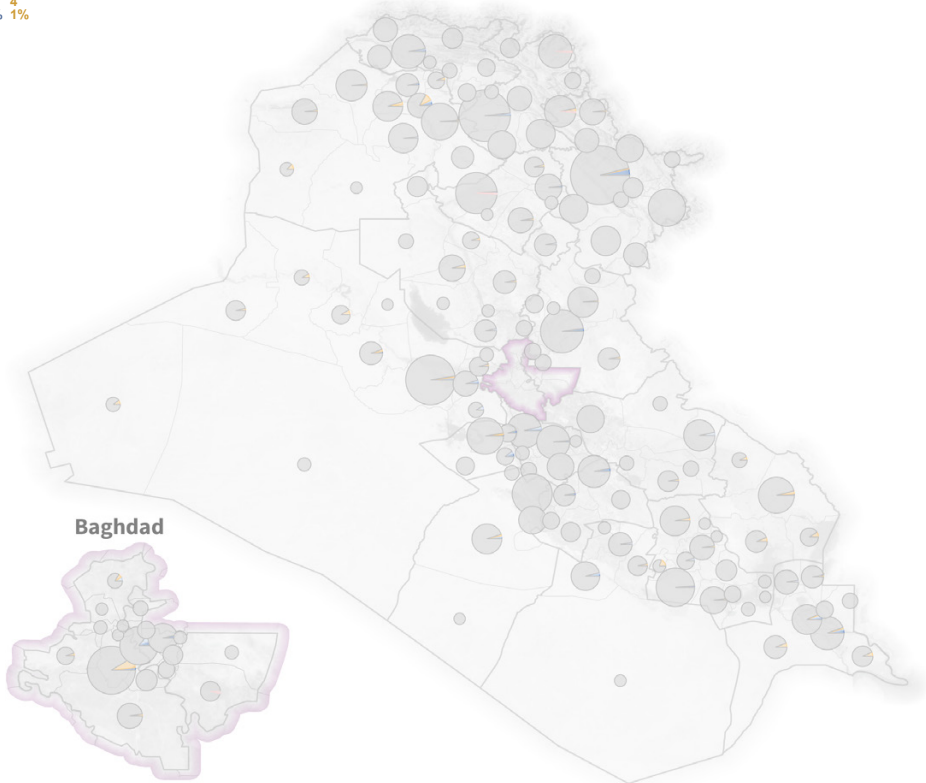


Service availability by HSDU type

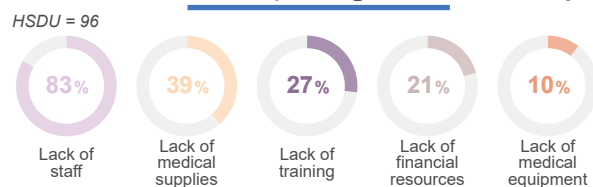


Service availability by directorate of health

Directorate of Health	Total HSDUs	Availability
Sulaymaniyah	636	99%
Ninewa	431	96%
Erbil	396	99%
Anbar	315	96%
Thi-Qar	320	98%
Basrah	289	95%
Diyala	265	99%
Baghdad-Resafa	245	95%
Dahuk	237	99%
Baghdad-Karkh	223	94%
Salah Al-Din	230	97%
Kirkuk	218	98%
Babylon	214	98%
Najaf	211	99%
Wassit	175	98%
Diwaniya	163	98%
Missan	138	95%
Kerbala	137	96%
Muthanna	122	97%



Main barriers impeding service delivery



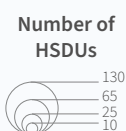
²¹ Inpatient management of mental disorders by specialized health-care providers

Availability status

- Available
- Partially available
- Not available
- Not normally provided

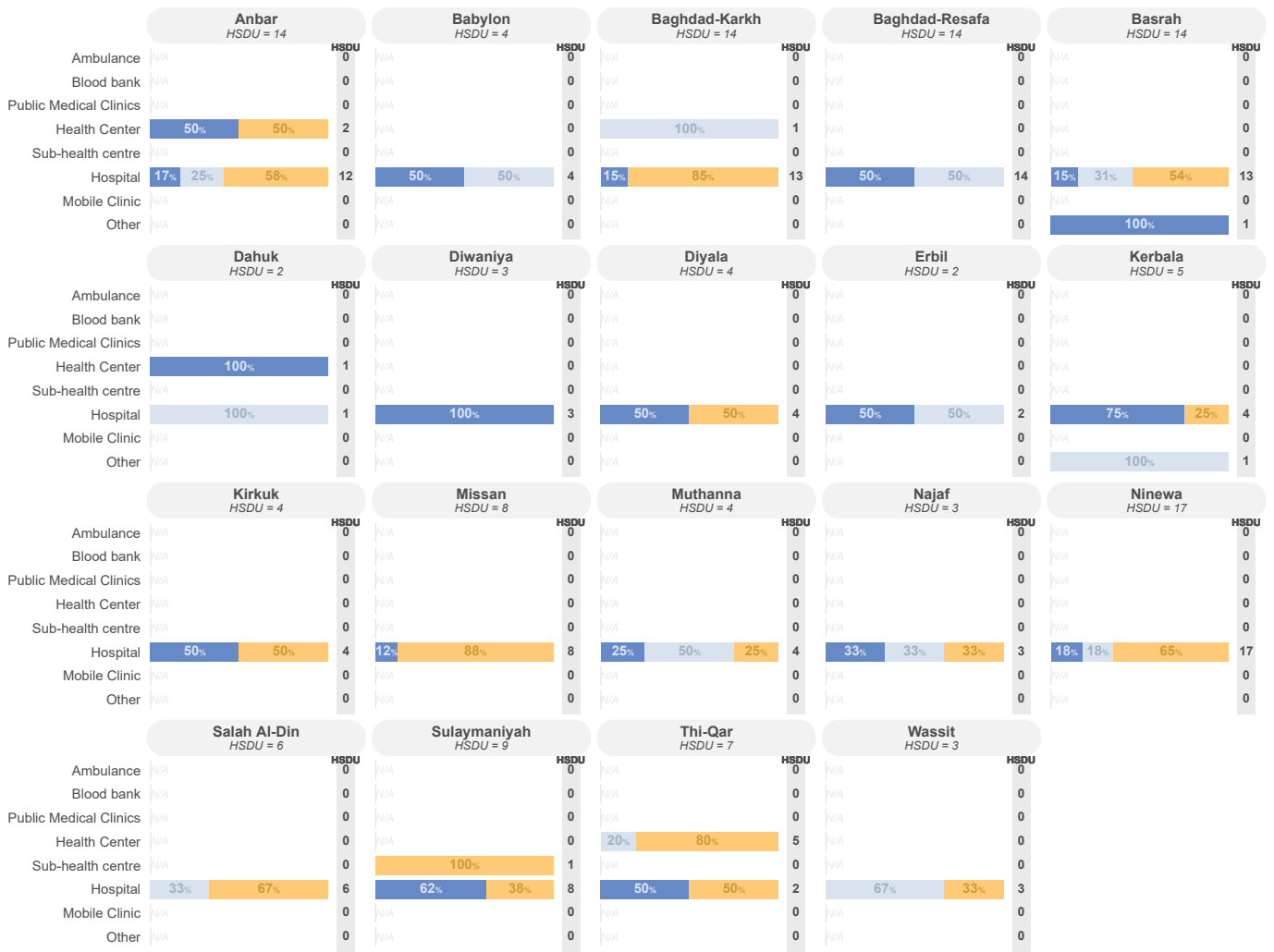
- Not operational
 - Not reporting
- Applicable only for the map*

Maps

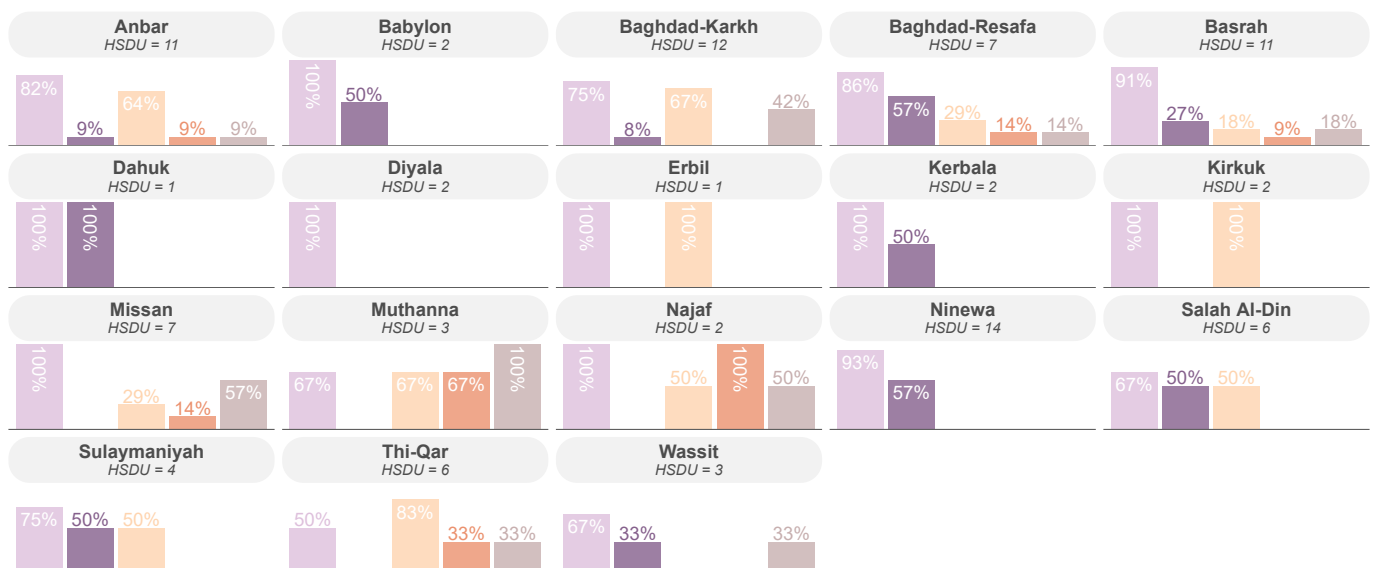




Service availability by HSDU type and by directorate of health*



Main barriers impeding service delivery by directorate of health



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

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

* HSDUs that do not normally provide the service are excluded from this chart.



ANNEXES





ANNEX I: PREVIOUSLY PUBLISHED REPORTS

Baseline report Part 1

The results presented in this report series are based on the assessment of 3478 health facilities across 16 governorates, namely Anbar, Babylon, Baghdad-Karkh, Baghdad-Resafa, Basrah, Diwaniya, Diyala, Kerbala, Kirkuk, Missan, Muthanna, Najaf, Ninewa, Salah-Al-Din, Thi-Qar, and Wassit and was collected up until November 8th, 2022.

HeRAMS Iraq baseline report 2023 part 1, A comprehensive mapping of availability of essential services and barriers to their provision; 2023, <https://www.who.int/publications/m/item/herams-iraq-baseline-report-2023-part1-operational-status-of-the-health-system>

Baseline report Part 2

The results presented in this report series are based on the assessment of 1286 health facilities across Dahuk, Erbil, and Sulaymaniyah governorates and was collected up until April 25th, 2023.

HeRAMS Iraq baseline report 2023 part 2, A comprehensive mapping of availability of essential services and barriers to their provision; 2023, <https://www.who.int/publications/m/item/herams-iraq-baseline-report-2023-part2-operational-status-of-the-health-system>

HeRAMS Iraq Baseline Summary Report 2023

This report presents a high-level overview of the operational status of the health system, the availability, and barriers to essential health services.

HeRAMS Iraq Baseline Summary Report 2023, A comprehensive mapping of availability of essential services and barriers to their provision, 2023, <https://www.who.int/publications/m/item/herams-iraq-baseline-summary-report-2023>



ANNEX II: POPULATION ESTIMATES

DIRECTORATE OF HEALTH	POPULATION ESTIMATES
ANBAR	1 963 346
BABYLON	2 288 456
BAGHDAD-KARKH	3 815 810
BAGHDAD-RESAFA	5 190 191
BASRAH	3 223 158
DAHUK	1 432 369
DIWANIYA	1 430 714
DIYALA	1 814 368
ERBIL	2 055 448
KERBALA	1 350 577
KIRKUK	1 770 765
MISSAN	1 233 053
MUTHANNA	902 480
NAJAF	1 630 807
NINEWA	4 133 536
SALAH AL-DIN	1 767 837
SULAYMANIYAH	2 396 206
THI-QAR	2 321 851
WASSIT	1 527 911
Total	42 248 833



ANNEX III: SERVICE DEFINITIONS

SERVICE	DEFINITION
Promote self-care	Promote self-care, provide basic health care and psycho-social support to identify and refer severe cases for treatment, provide needed follow-up to people discharged by facility-based health and social services for people with chronic health conditions, disabilities and mental health problems
NCD clinic	Brief advice on tobacco, alcohol and substance abuse, healthy diet, screening and management of risks of cardiovascular disease (CVD), individual counselling on adherence to chronic therapies, availability of blood pressure (BP) apparatus, blood glucose and urine ketones test strips, and essential NCD drugs as per national list
Asthma and COPD	Classification, treatment and follow-up of asthma and Chronic Obstructive Pulmonary Disease (COPD)
Hypertension	Early detection, management, and counseling (including dietary advice), follow-up.
Diabetes	Early detection, management (oral anti-diabetic and insulin available), counselling (including dietary advice), foot care, follow-up
Inpatient acute rehabilitation	Inpatient rehabilitation for people with acute injury or illness, delivered by rehabilitation professionals as part of multi-disciplinary acute care, including the provision of assistive devices such as crutches or wheelchairs
Medical rehabilitation services at the outpatient level	Rehabilitation provided by a professional via an outpatient, mobile, or post-acute inpatient rehabilitation service, often as part of follow up care, including assistive device provision or maintenance
Devices and products for patients	Manufacture, fitting and training to use prosthetic and orthotic devices
Oral health and dental care	NA
Psychological first aid	Psychological first aid for distressed people, survivors of assault, abuse, neglect, domestic violence, and linking vulnerable individuals/families with resources, such as health services, livelihood assistance etc.
Management of mental disorders	Management of mental disorders by specialized and/or trained and supervised non-specialized health-care providers, availability of fluoxetine, carbamazepine, haloperidol, biperiden, and diazepam
Inpatient care for mental disorders	Inpatient management of mental disorders by specialized and/or trained and supervised non-specialized healthcare providers
Inpatient care for mental disorders by specialists	Inpatient management of mental disorders by specialized health-care providers



