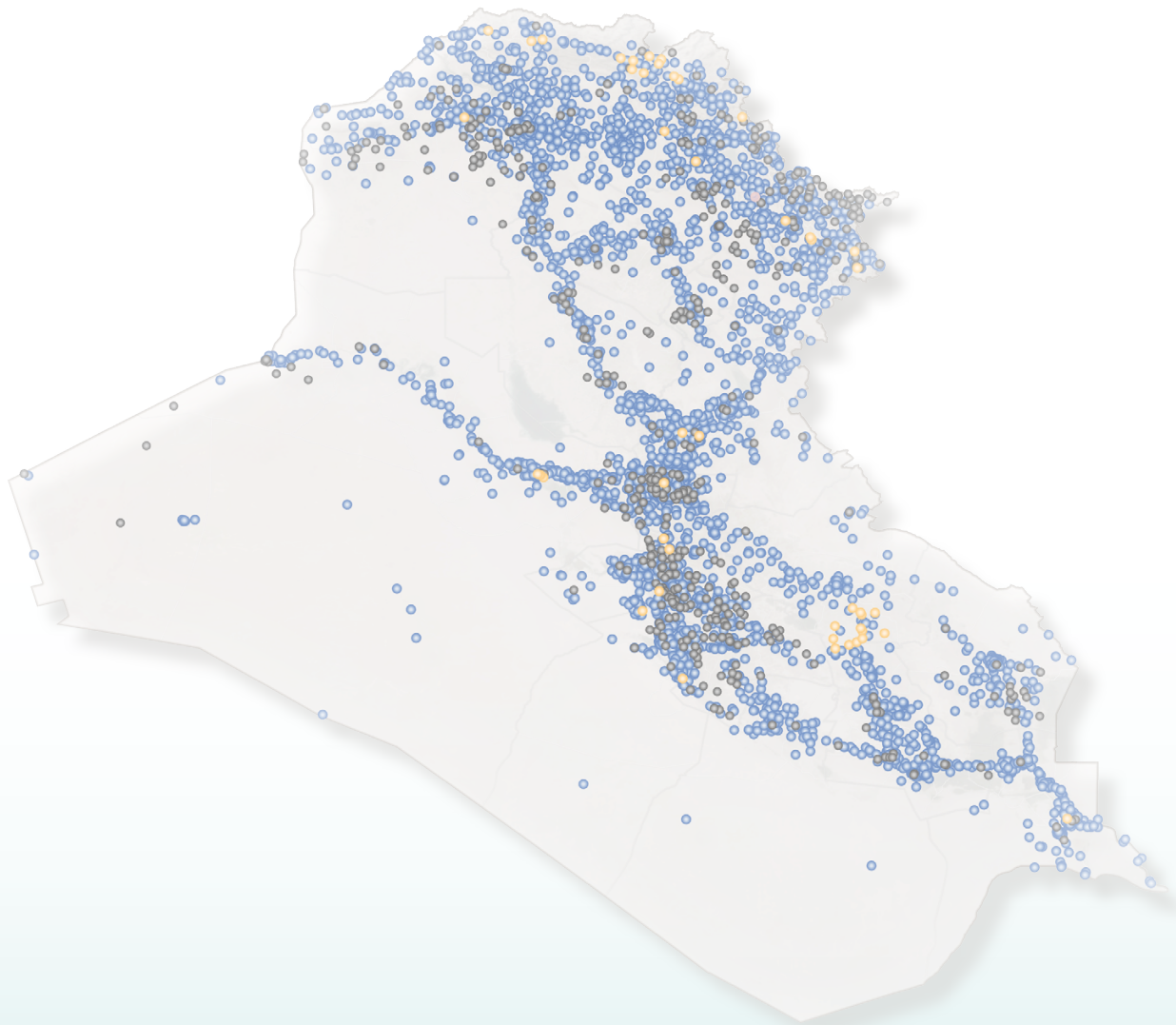




HeRAMS Iraq

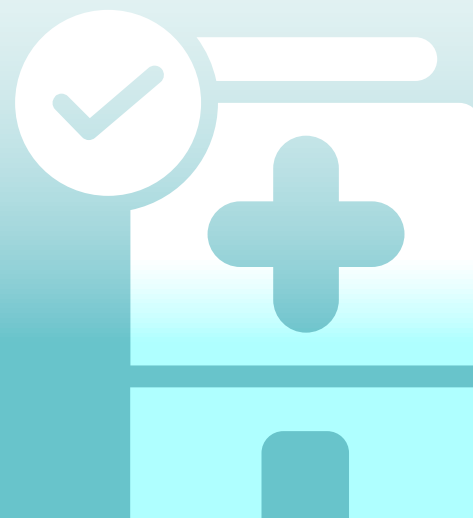
Status update report

November 2024



Operational status of the health system

A comprehensive mapping of the operational status of health service delivery units



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HeRAMS Iraq

Status update report

November 2024

Operational status of the health system

A comprehensive mapping of the operational status of health service delivery units



ACRONYMS

DoH	Directorate of Health
HER	Health Electronic Records
HeRAMS	Health Resources and Services Availability Monitoring System
HMIS	Health Management Information System
HSDU	Health Service Delivery Unit
ICU	Intensive Care Unit
PPE	Personal Protective Equipment
VIP	Ventilated Improved Pit
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 of the baseline reports published in June 2023 ¹.

This is the first report of the **HeRAMS Iraq status update report November 2024** series, focusing on the operational status of HSDUs, level and type of support provided by partners, and availability of basic amenities. For more in-depth information on availability of essential health services and main barriers impeding service delivery, specialized reports are available on essential clinical and trauma care services², child health and nutrition services³, communicable disease services⁴, sexual and reproductive health services⁵, and non-communicable disease and mental 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 - 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>

³ 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>

⁴ 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>

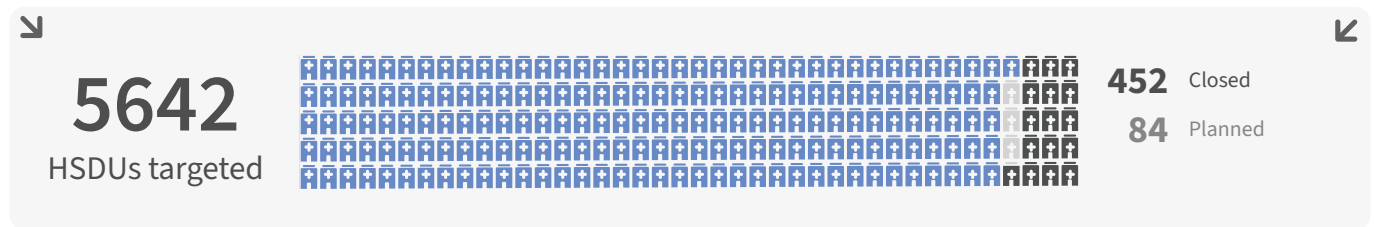
⁵ HeRAMS Iraq status update report November 2024 - Sexual and reproductive health services: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-iraq-status-update-report-2024-11-sexual-and-reproductive-health-services>

⁶ 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, <https://www.who.int/publications/m/item/herams-iraq-status-update-report-2024-11-noncommunicable-diseases-and-mental-health-services>

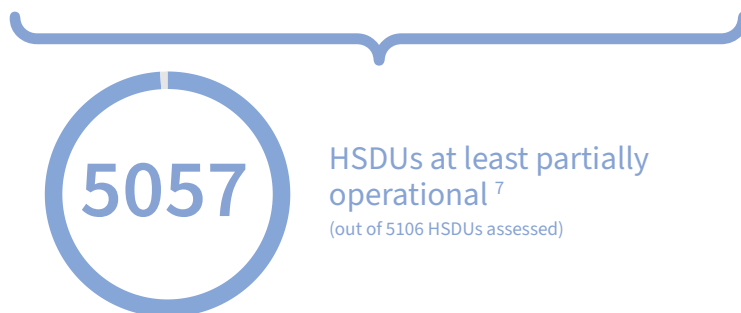
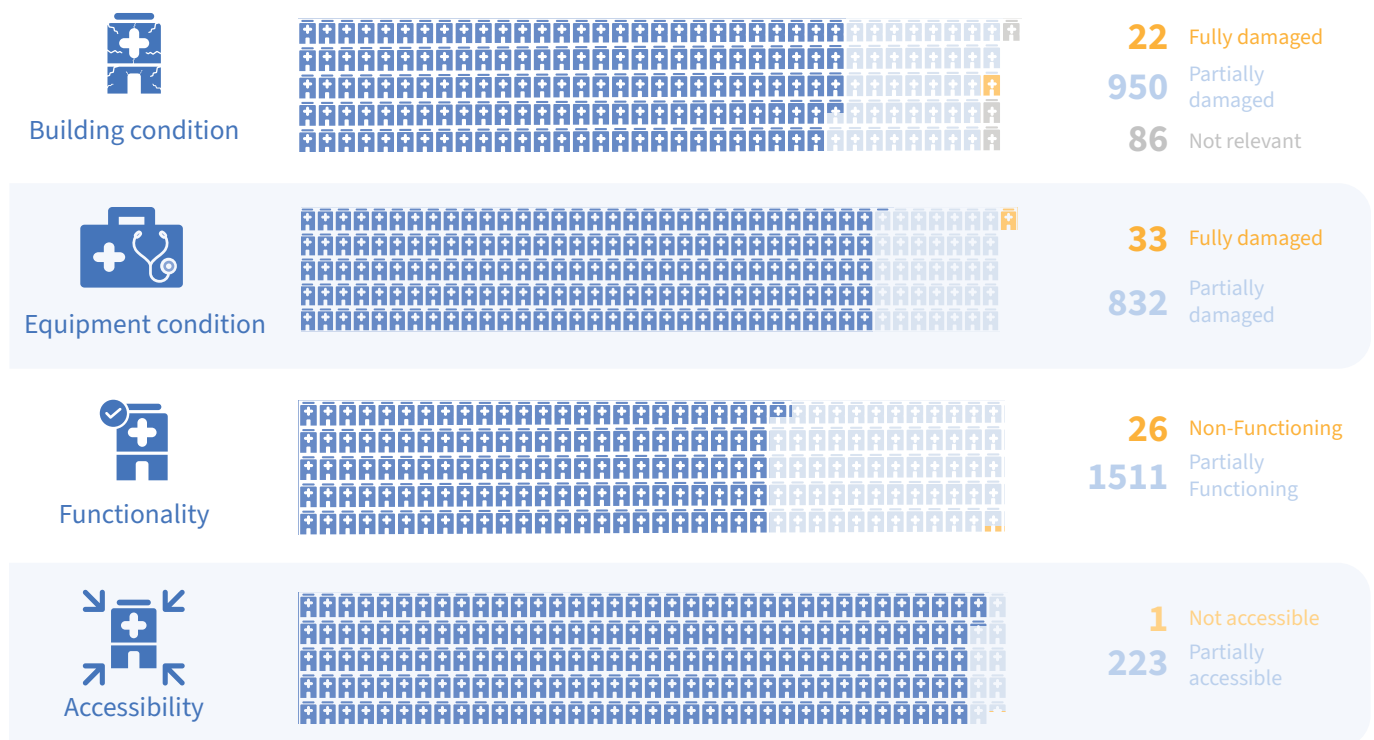


OVERVIEW OF HSDUS EVALUATED

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*

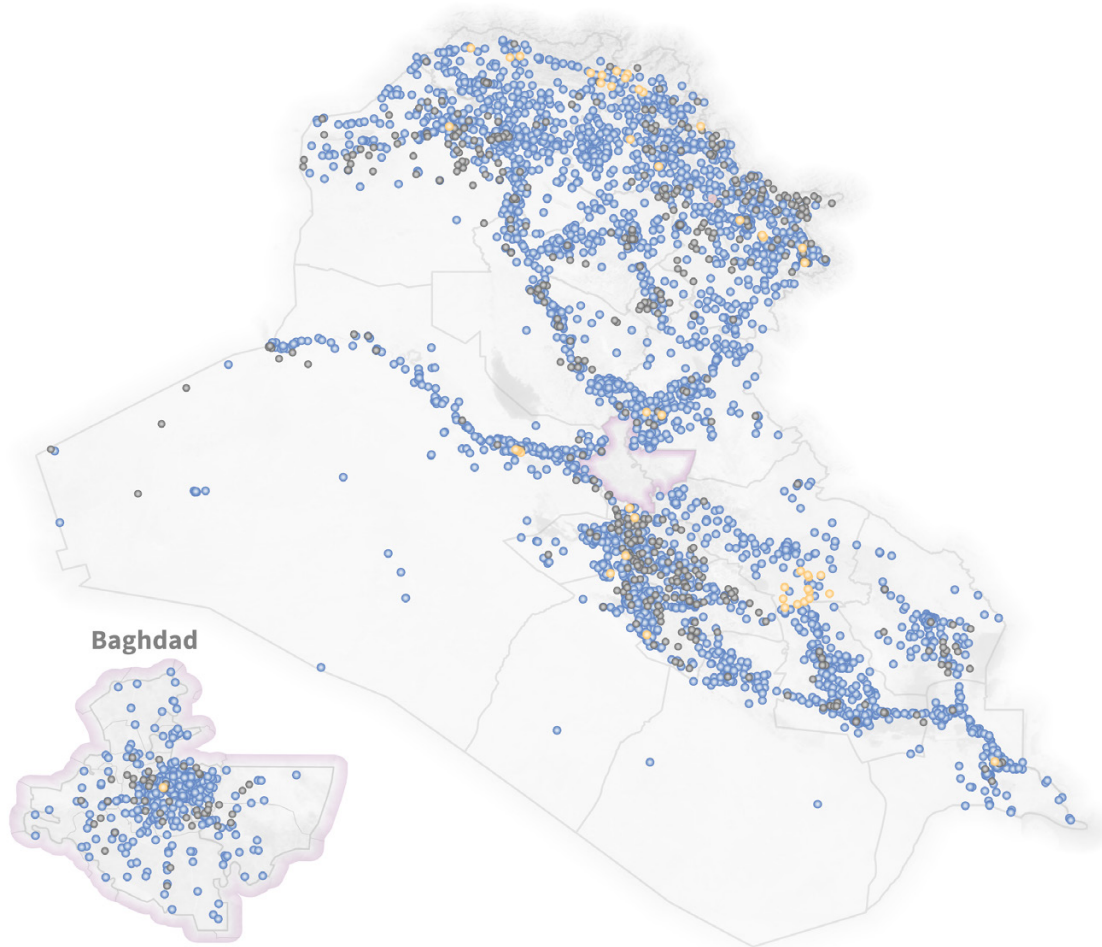
DIRECTORATE OF HEALTH	Ambulance			Blood bank			Public Medical Clinics			Health Center			Sub-health centre			Hospital			Mobile Clinic			Other			TOTAL HSDU				
	O	N/O	P/C	O	N/O	P/C	O	N/O	P/C	O	N/O	P/C	O	N/O	P/C	O	N/O	P/C	O	N/O	P/C	O	N/O	P/C	O	N/O	P/C	O	N/O
ANBAR	25	-	-	1	-	-	26	3	2	97	-	4	110	1	5	20	-	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		
KERBALA	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

* See Annex IV for an overview of operational status by sector.

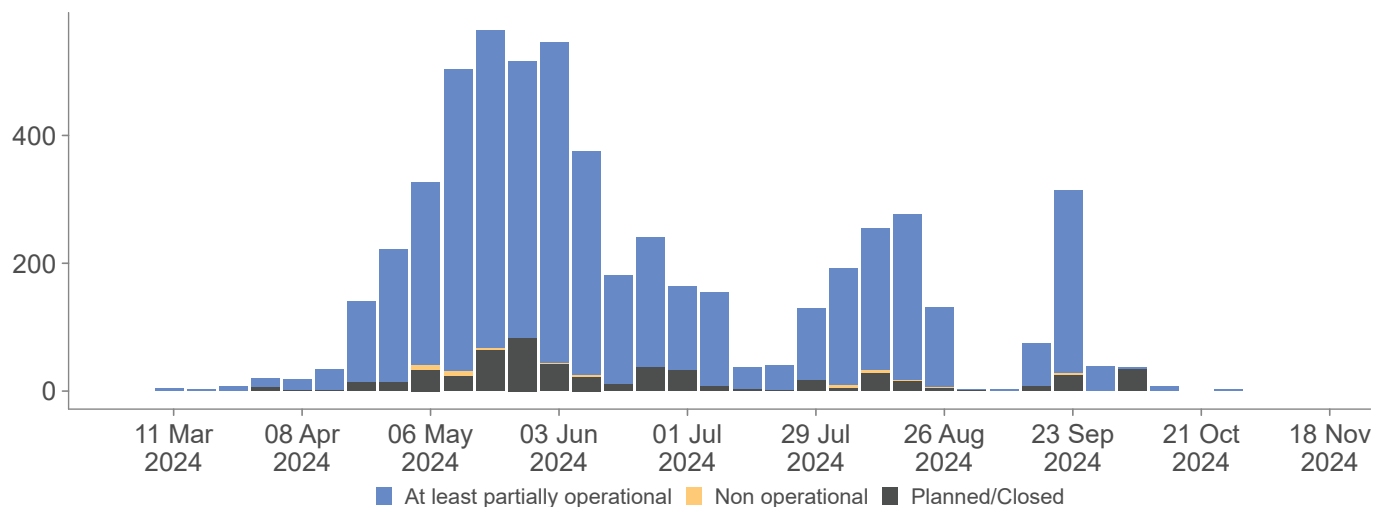


Geographic distribution of HSDUs



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

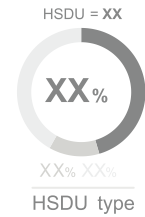
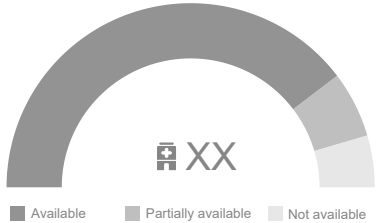
Date of last update



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 8](#) 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. By default, 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.



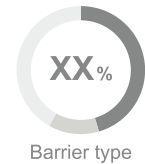
	DoH A HSDU = XXX		HSDU
Ambulance	67%	33%	3
Blood bank	50%	50%	2
Public Medical Clinics	86%	14%	21
Health Center	83%	15%	59

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.



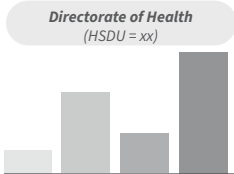
Barriers



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 recoded.

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.

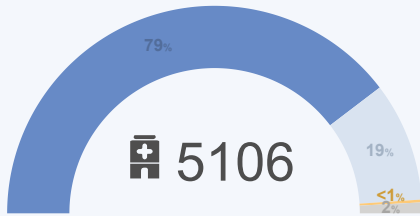


Important: The denominator for barrier charts excludes HSDUs where the service is fully available or not normally provided. It should further be noted that HSDUs can report up to three barriers for each service. Thus, the sum of all barriers may exceed 100%.

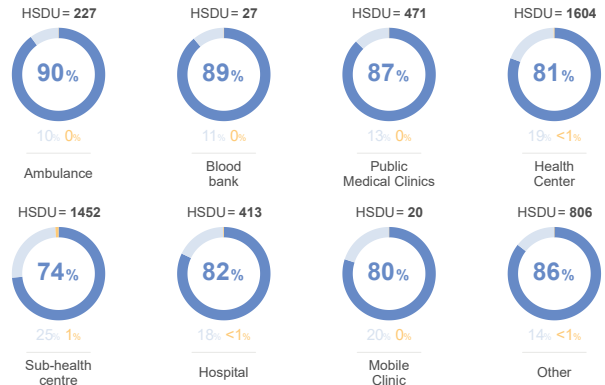


BUILDING CONDITION

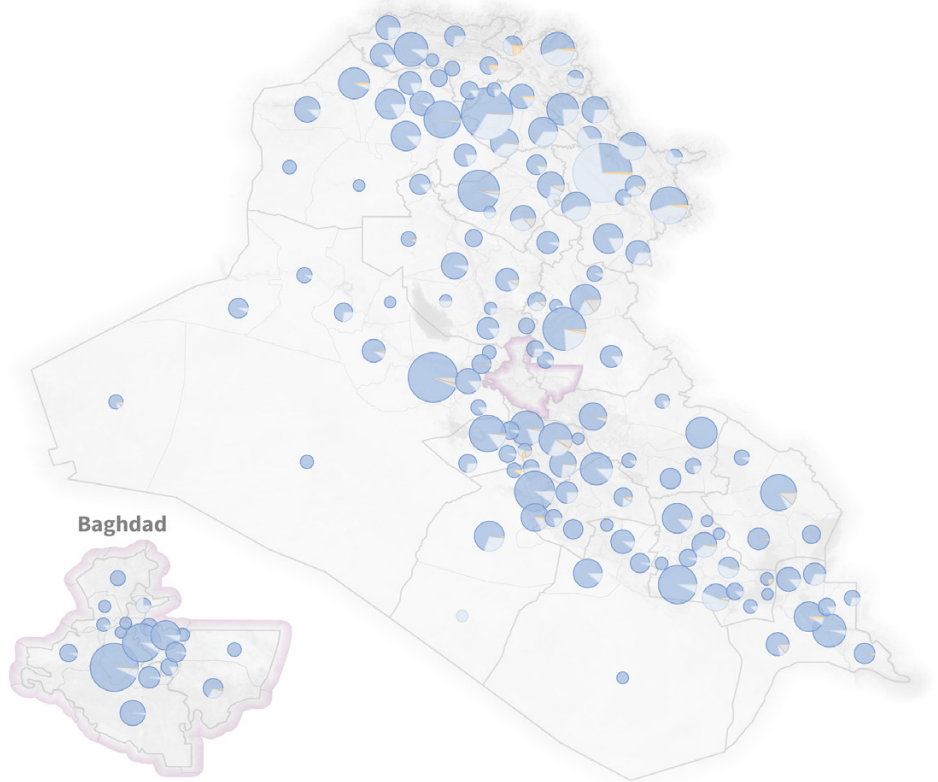
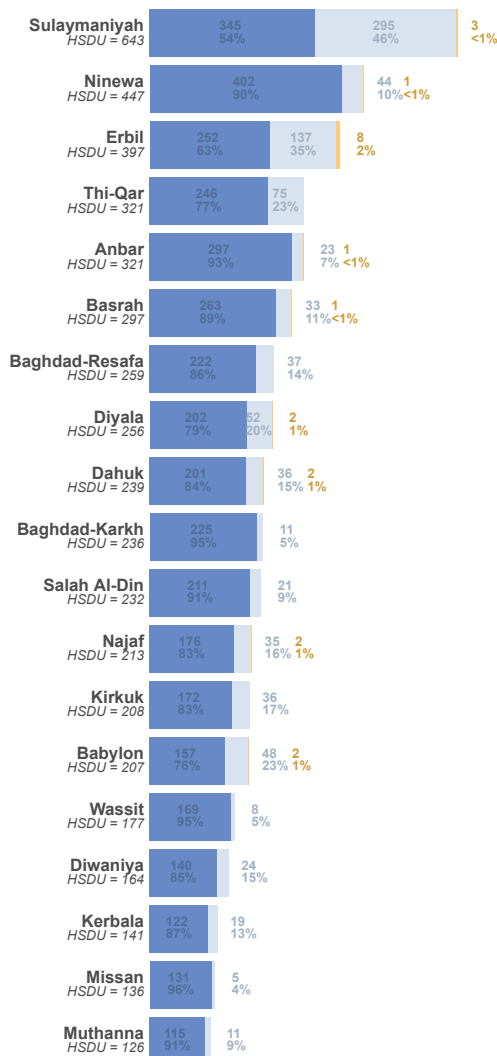
Building condition⁸



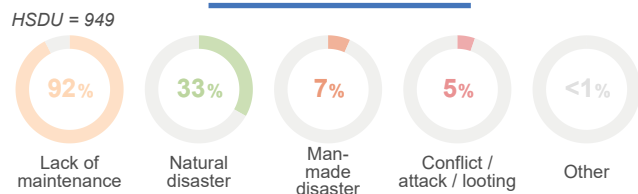
Building condition by HSDU type



Building condition by directorate of health

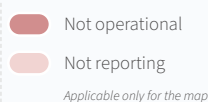


Main causes of damage

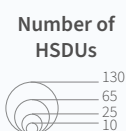


⁸ Refers to the HSDU's building such as walls, foundations, roof, windows, etc. It further includes connection to accessory infrastructure relevant to provide essential health services (e.g., sewerage, water tank). Minor maintenance issues not impacting the HSDU's ability to provide services (e.g., flaking paint) are not considered.

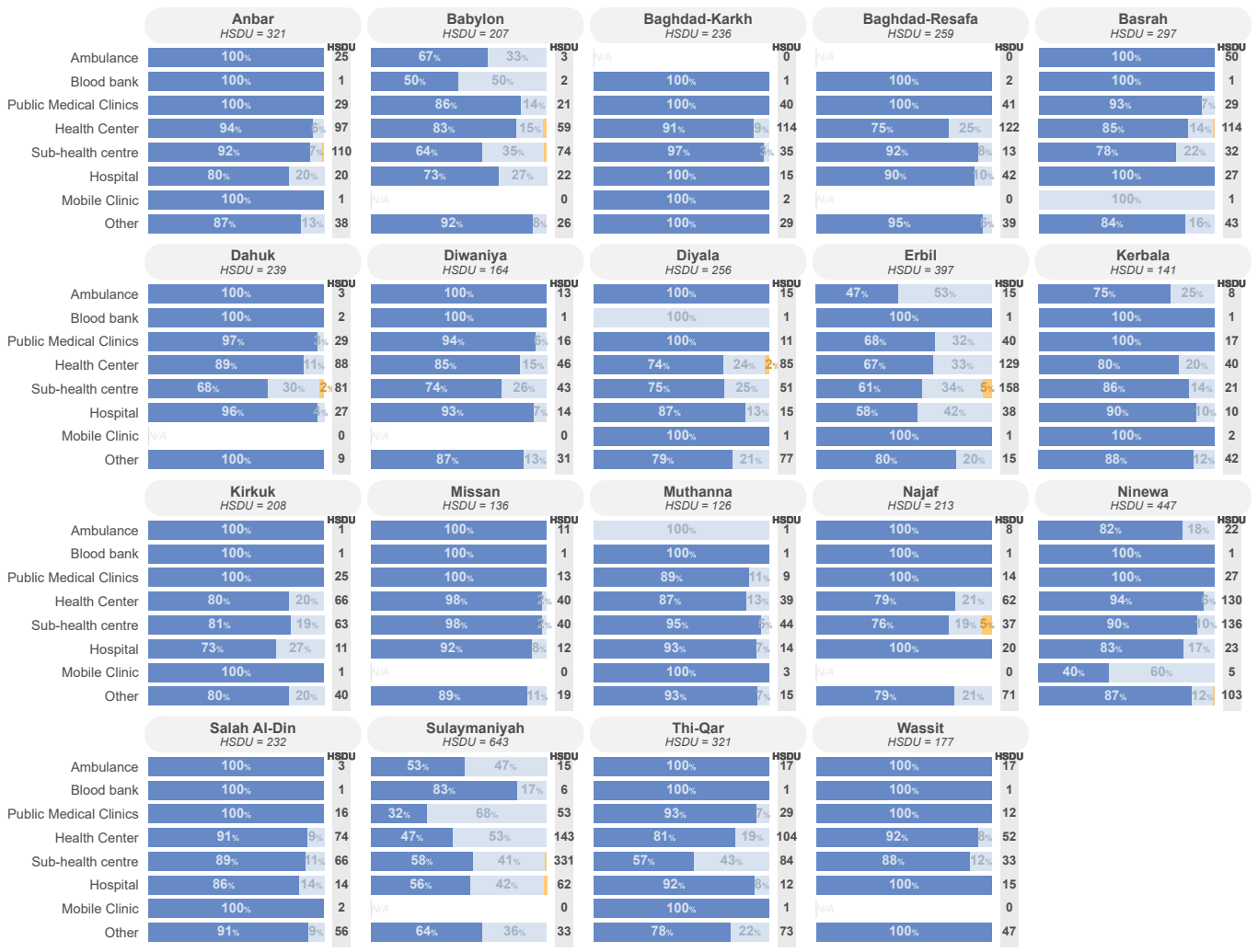
Level of damage



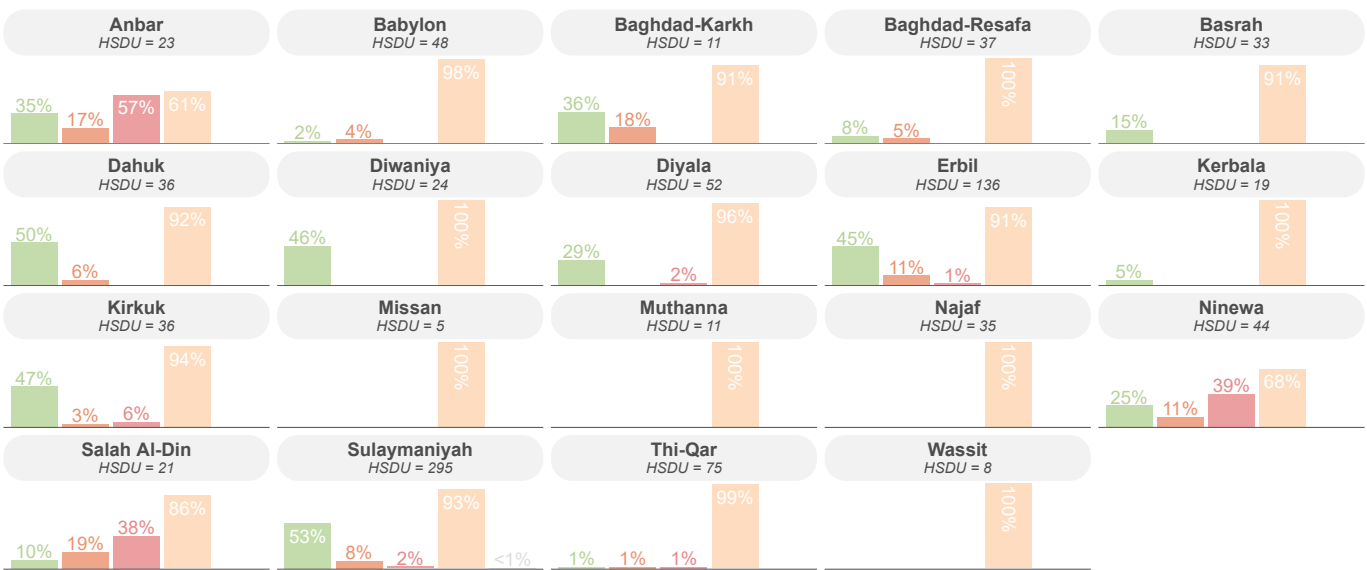
Maps



Building condition by HSDU type and by directorate of health*








Main causes of damage by directorate of health



Level of damage

- Intact
- Partially damaged
- Fully damaged

Causes for partially or fully damaged.

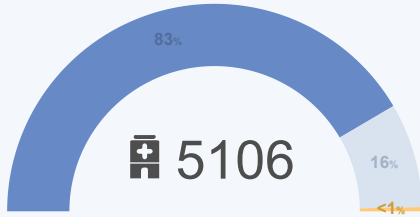
-  Natural disaster
-  Man-made disaster
-  Lack of maintenance
-  Conflict / attack / looting
-  Other

* HSDUs where the building condition is irrelevant have been removed from this chart.



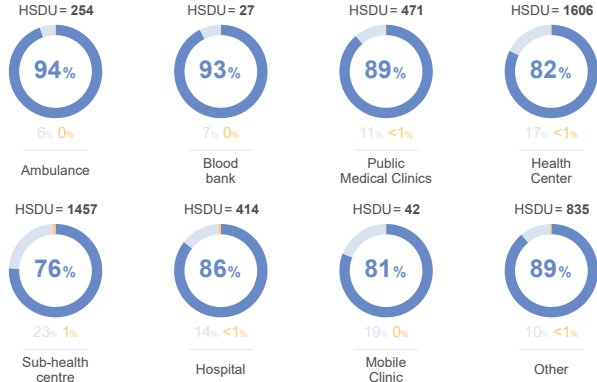
EQUIPMENT CONDITION

Equipment condition⁹

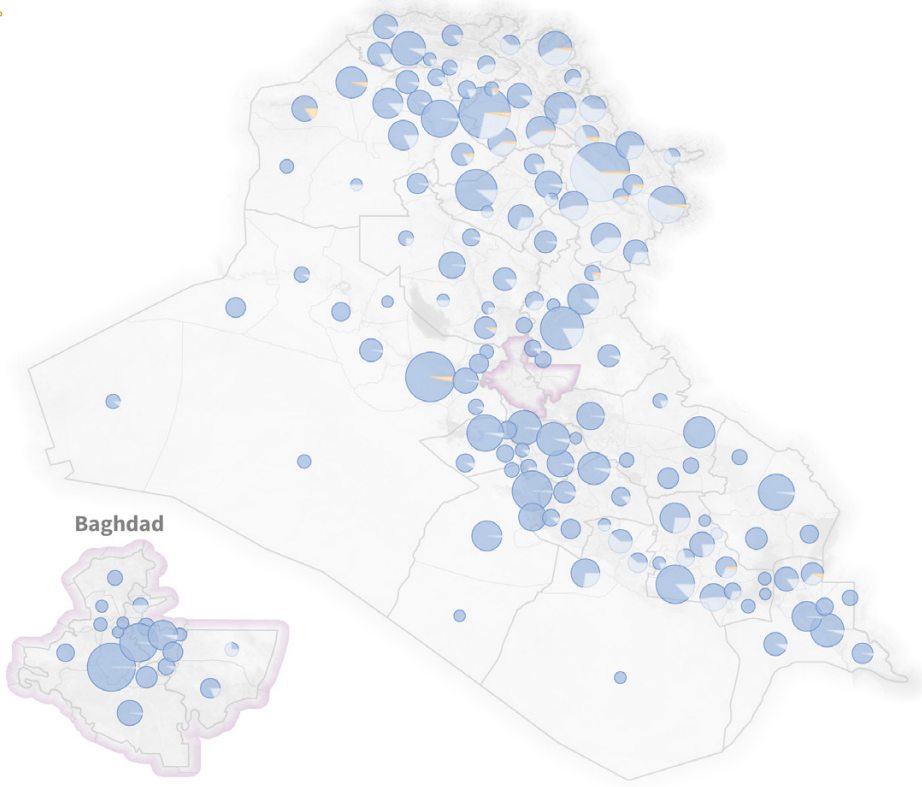
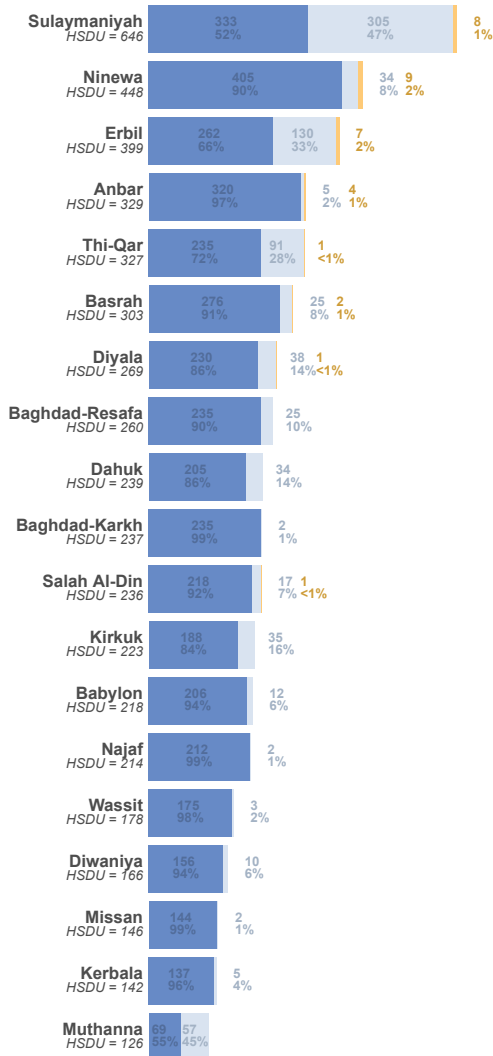


5106

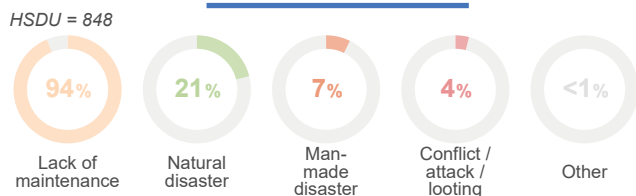
Equipment condition by HSDU type



Equipment condition by directorate of health

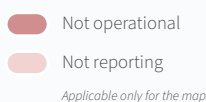


Main causes of damage

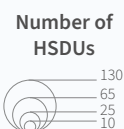


⁹ Refers to medical and otherwise critical equipment required by the HSDU to provide essential health services. Non-essential equipment not impacting the HSDU's ability to provide services as well as consummable and medicine are not considered here.

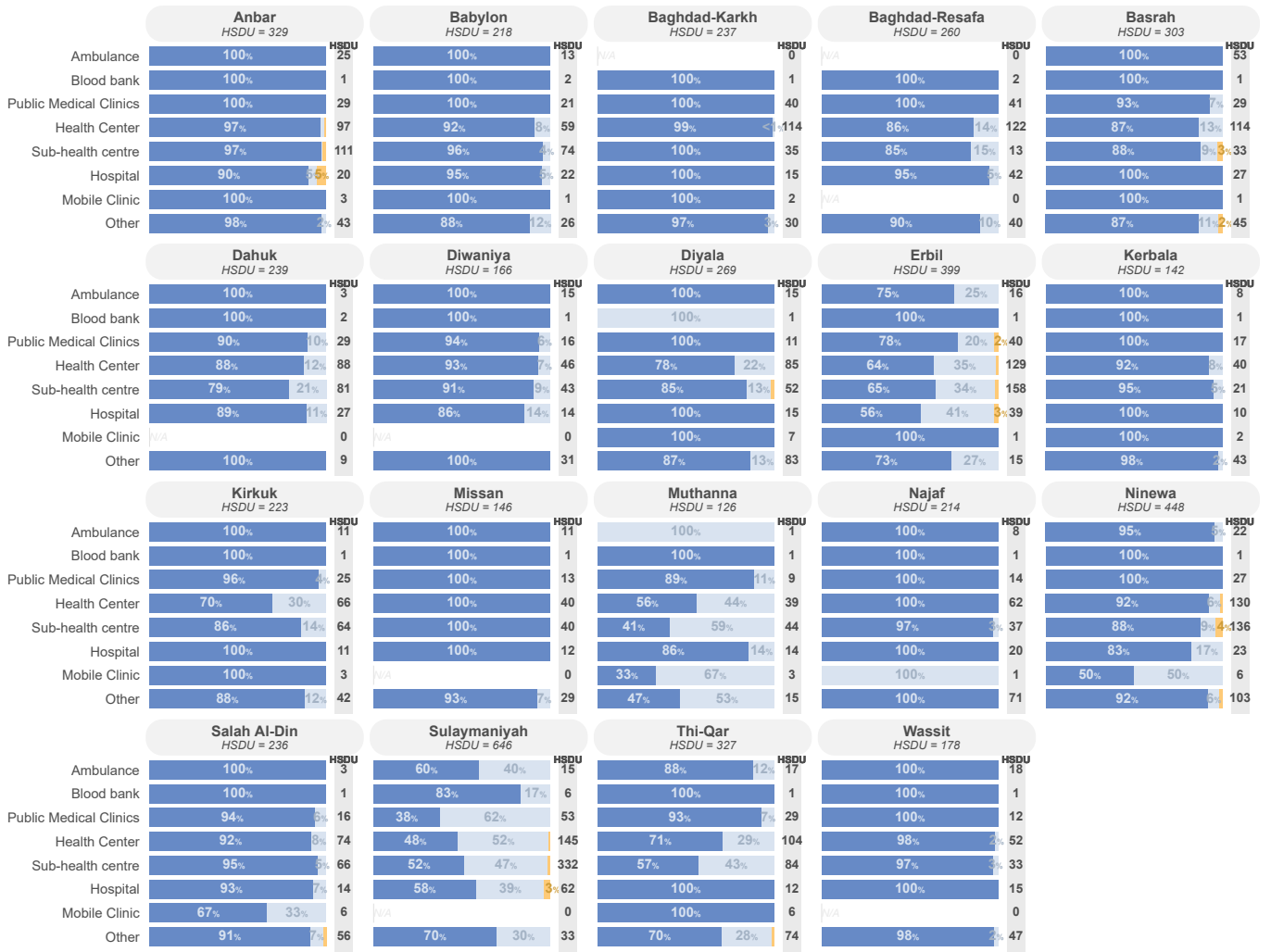
Level of damage



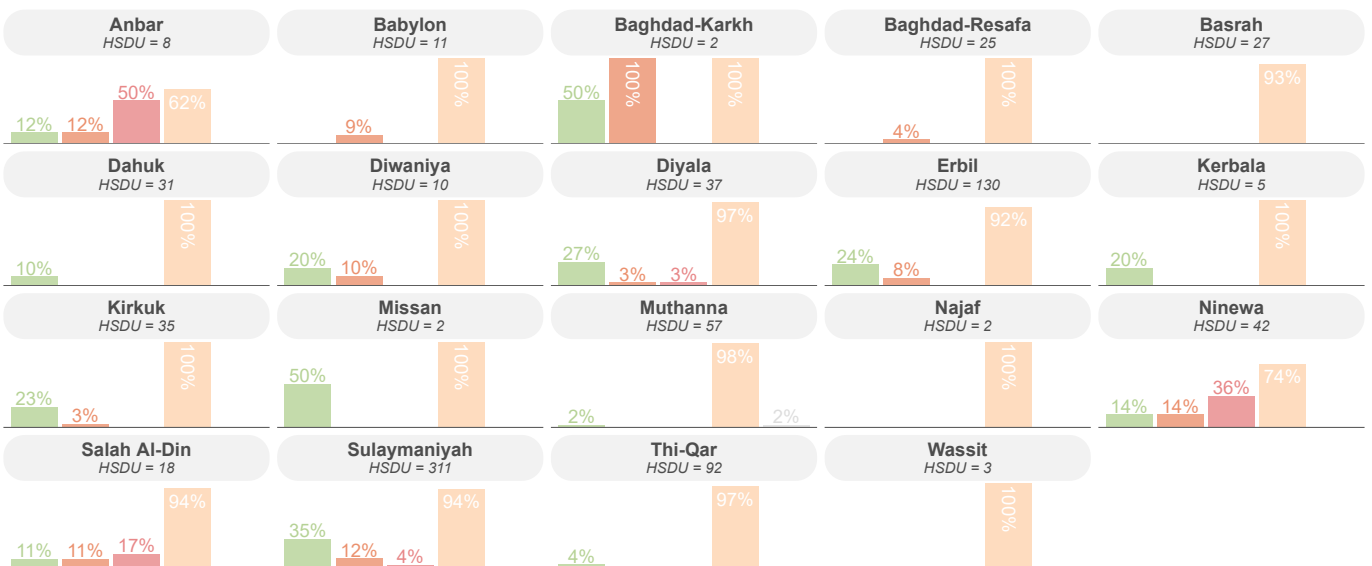
Maps



Equipment condition by HSDU type and by directorate of health



Main causes of damage by directorate of health



Level of damage

- Intact
- Partially damaged
- Fully damaged

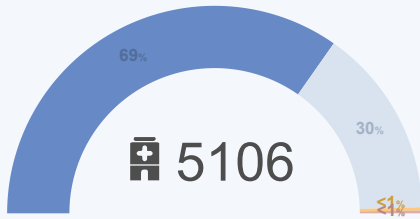
Causes for partially or fully damaged.

- Natural disaster
- Man-made disaster
- Lack of maintenance
- Conflict / attack / looting
- Other

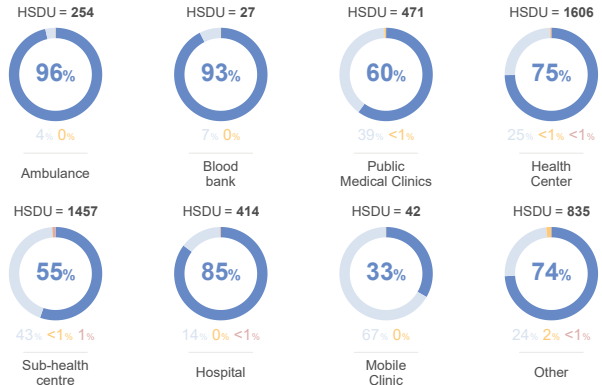


FUNCTIONALITY

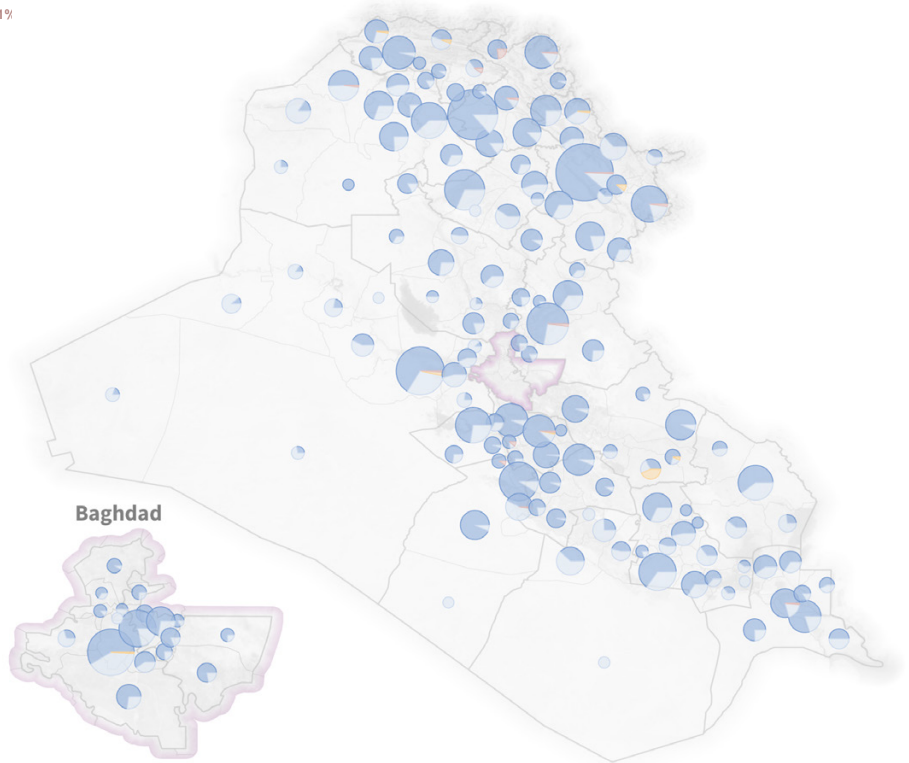
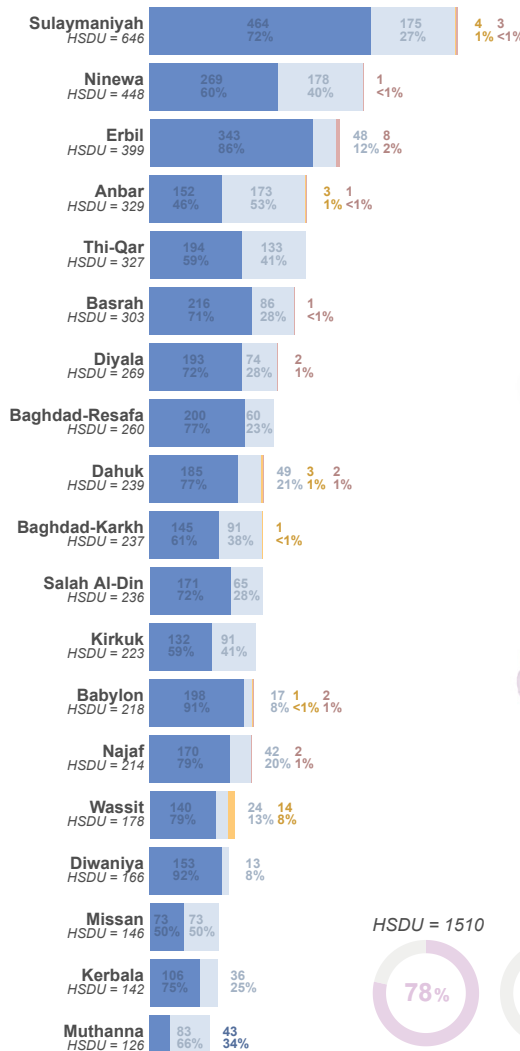
Functionality¹⁰



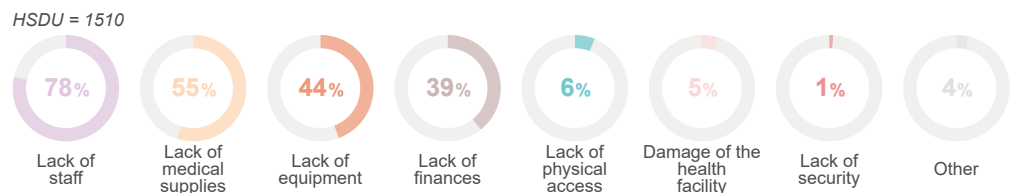
Functionality by HSDU type



Functionality by directorate of health

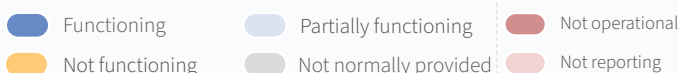


Main causes of dysfunctionality

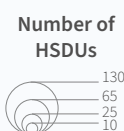


¹⁰ Assesses the HSDU's overall ability to operate as expected. A fully functioning HSDU is characterized through the absence of systemic or major issues. The HSDU operates as expected and is able to provide the full range of expected services.

Functionality level

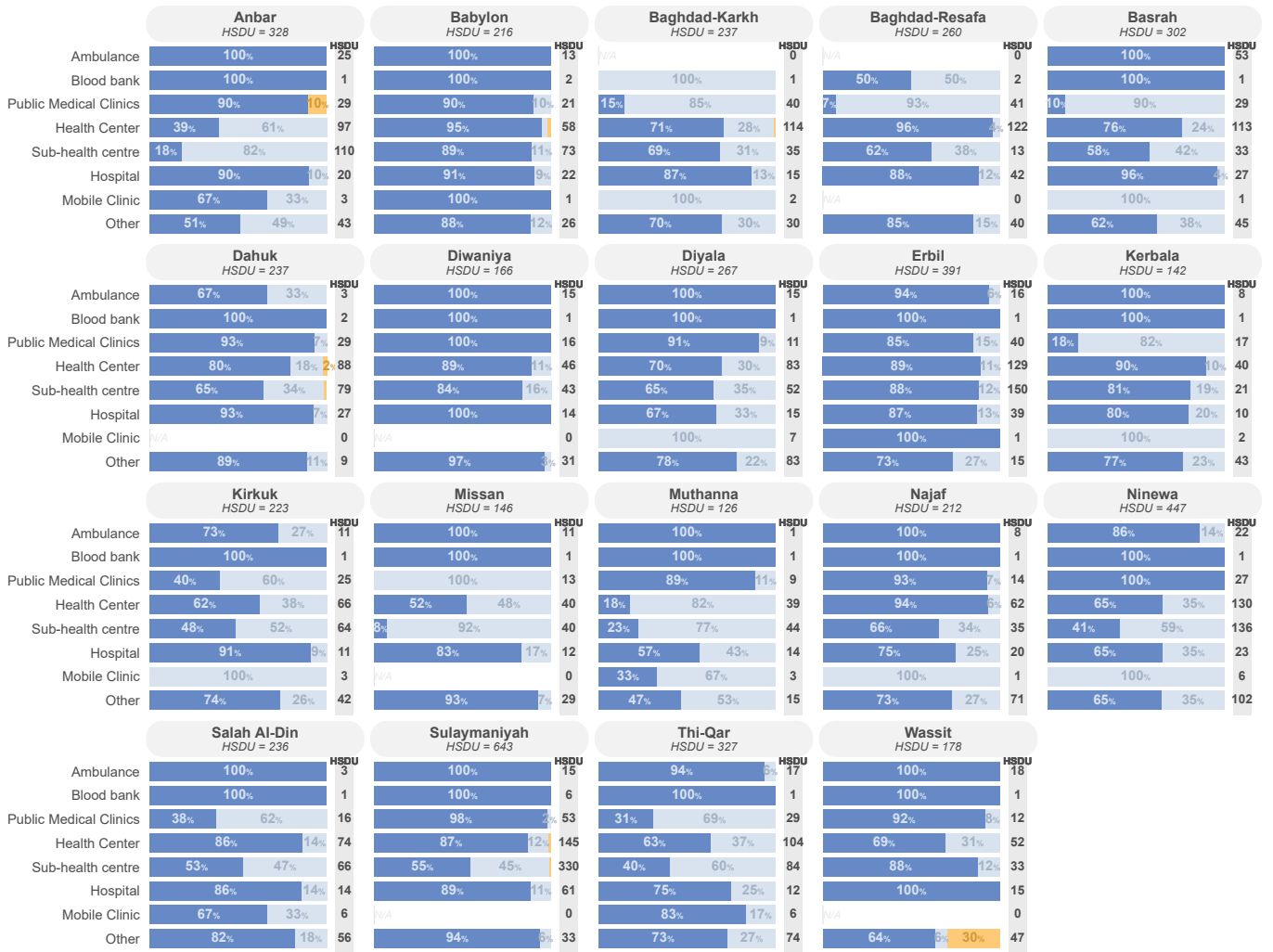


Maps

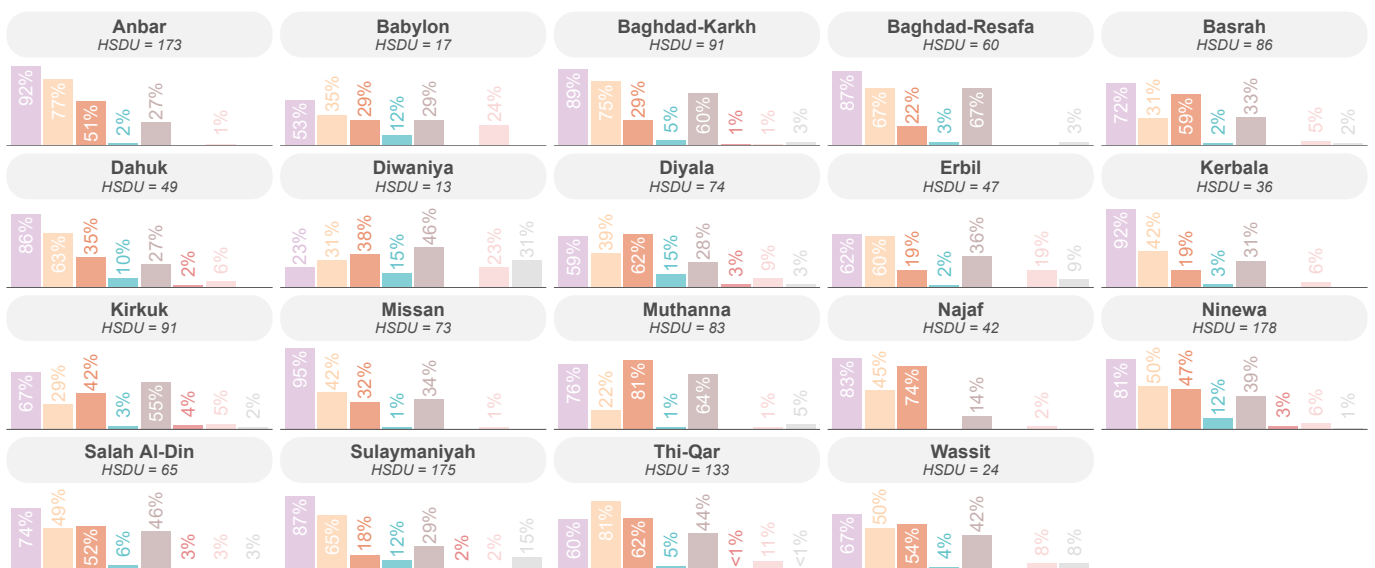


Applicable only for the map

Functionality by HSDU type and by directorate of health*



Main causes of dysfunctionality by directorate of health



Functionality level

- Functioning
- Partially functioning
- Not functioning

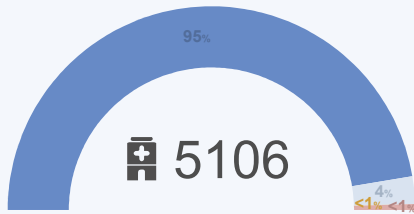
Causes for partially or non-functioning.

- Lack of physical access
- Lack of staff
- Lack of supplies
- Lack of equipment
- Lack of financial resources

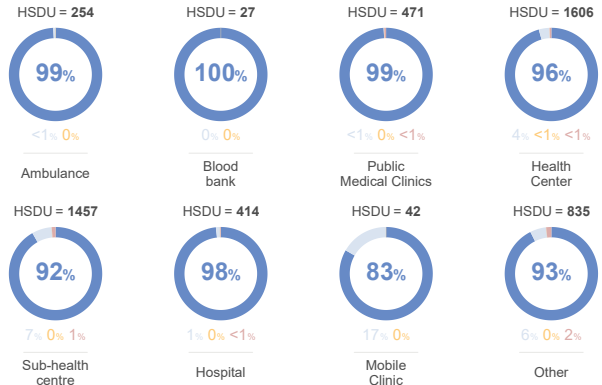


ACCESSIBILITY

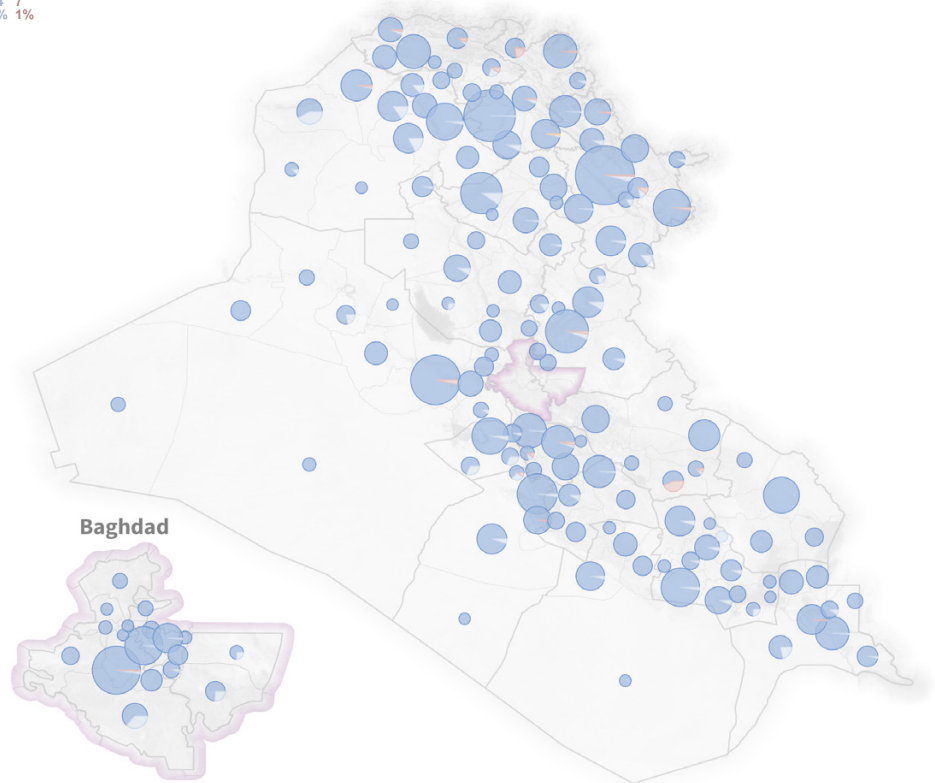
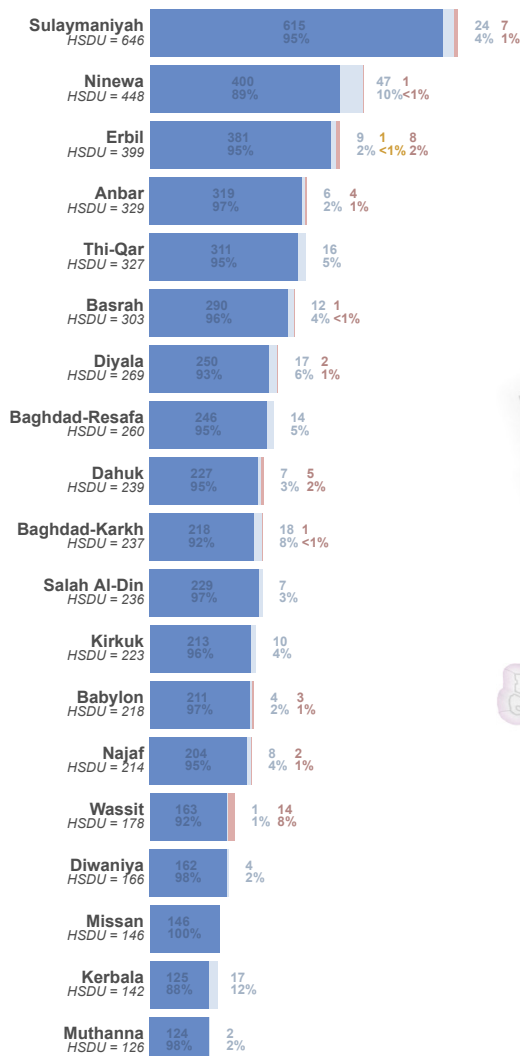
Accessibility¹¹



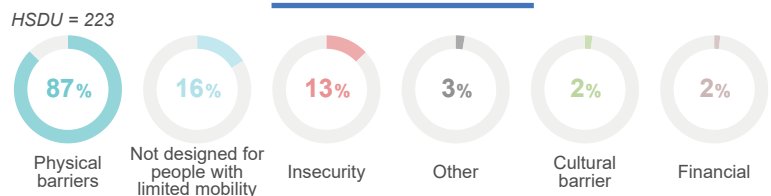
Accessibility by HSDU type



Accessibility by directorate of health



Main causes of inaccessibility

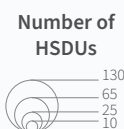


¹¹ Assesses the ability of patients to access essential health services and includes both physical as well as socio-economic and cultural constraints.

Accessibility level



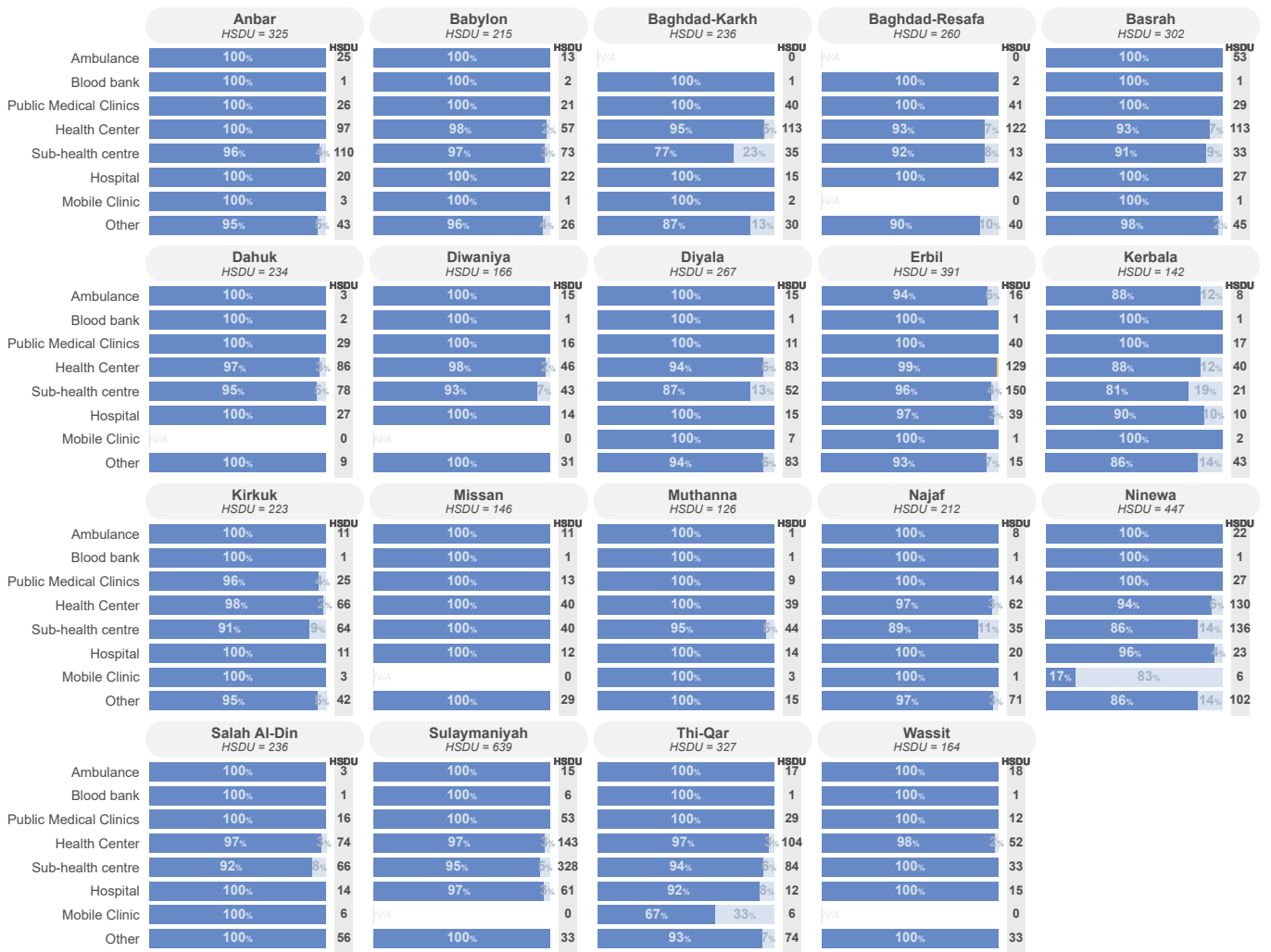
Maps



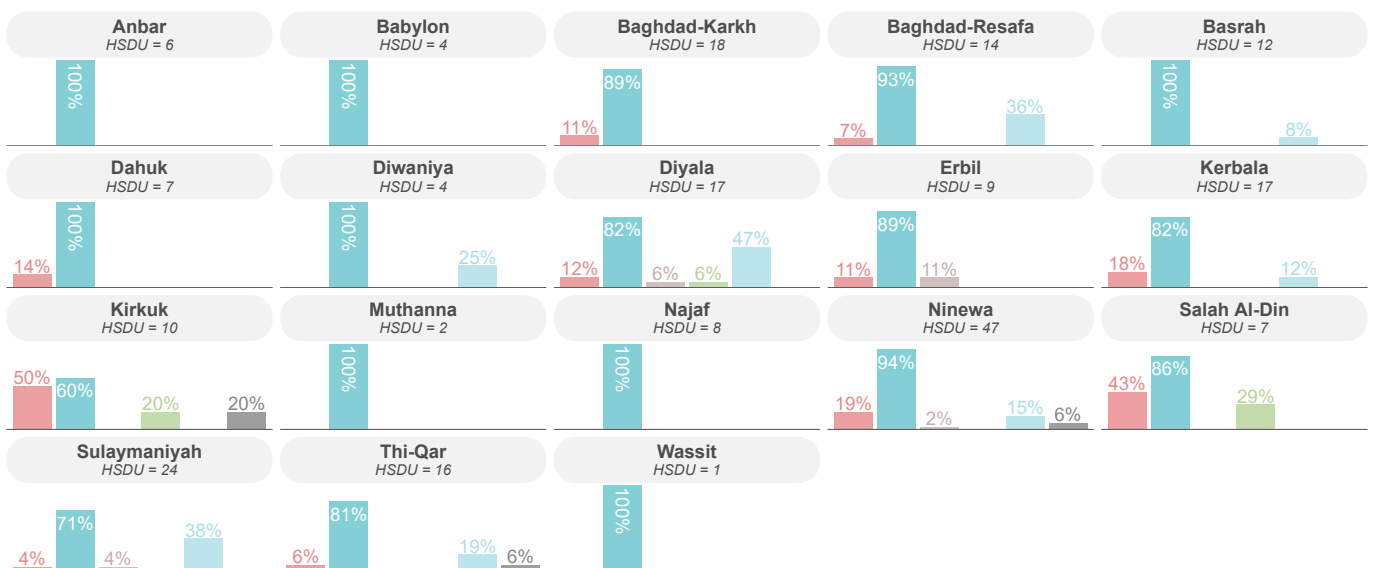
Applicable only for the map



Accessibility by HSDU type and by directorate of health*



Main causes of inaccessibility by directorate of health



Accessibility level

- Accessible
- Partially accessible
- Inaccessible

* HSDUs that were not operational have been removed from this chart.

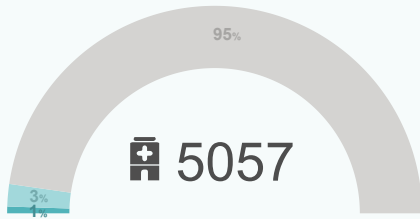
Causes for partially or non-accessible.

- Insecurity
- Lack of financial resources
- Acceptability constraints
- Information barriers
- Not designed for people with limited mobility
- Physical barrier
- Other

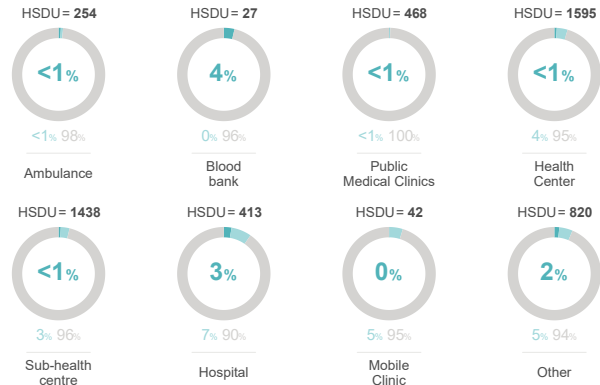


PARTNER SUPPORT

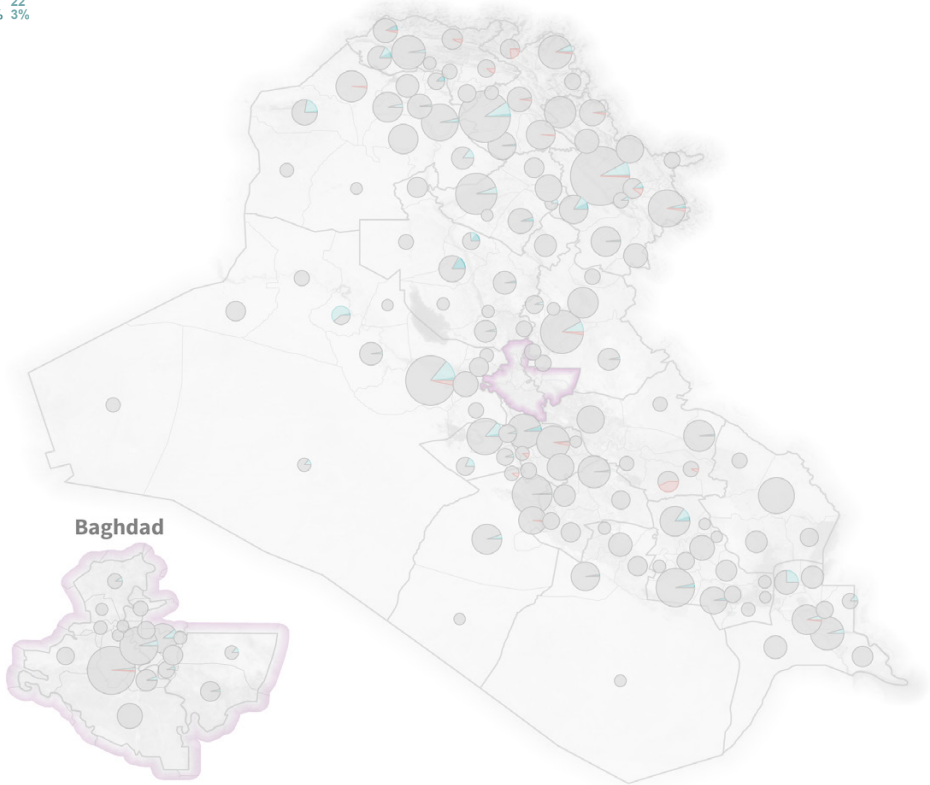
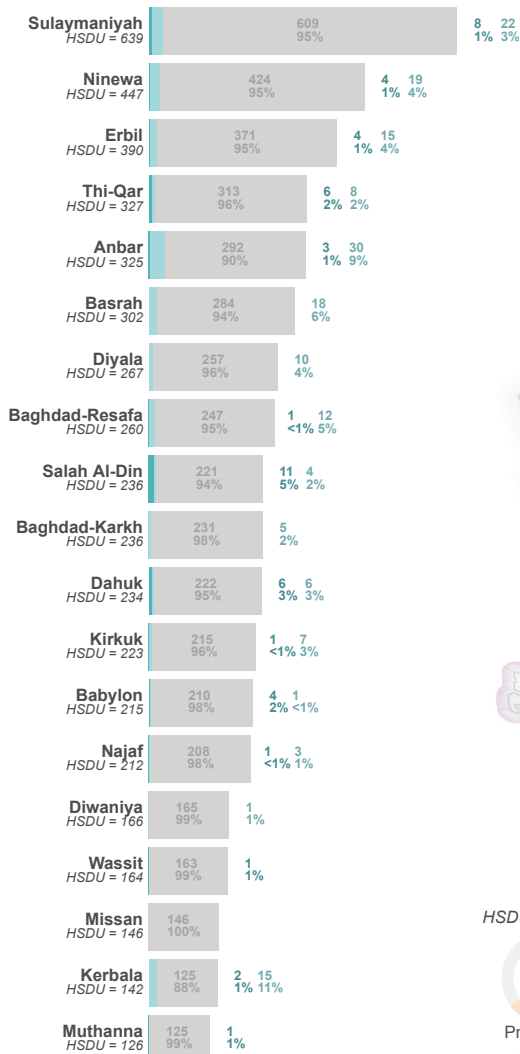
Level of support provided by partners¹²



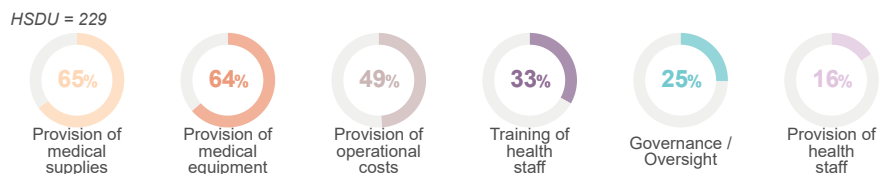
Level of support provided by partners by HSDU type



Level of support provided by partners by directorate of health

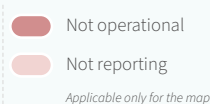


Main types of support received by health facilities

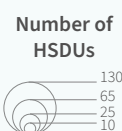


¹² Indicates the level of support provided by external partners. Major support indicates that an HSDU is unable to operate without the contribution made by partner(s).

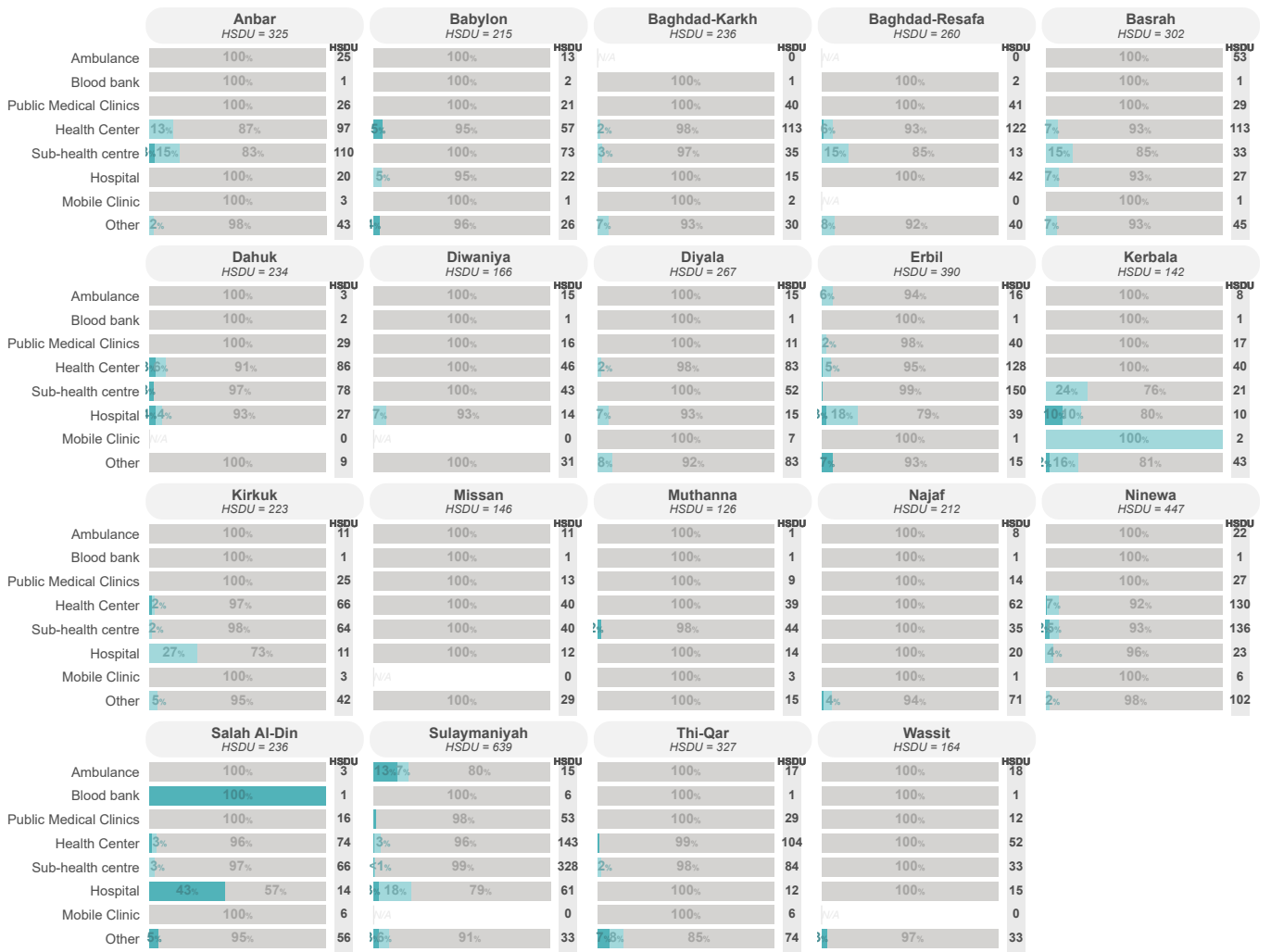
Support level



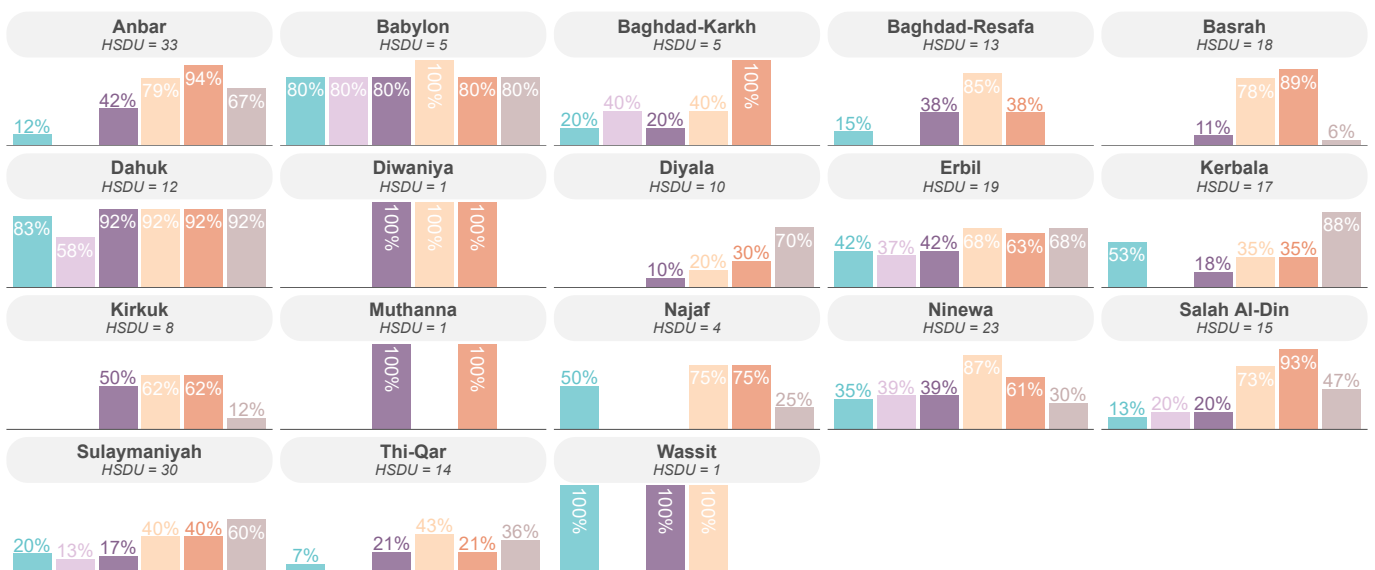
Maps



Level of support provided by partners by HSDU type and by directorate of health










Main types of support received by health facilities by directorate of health



Support level

-  Major support
-  Partial support
-  No support

Type of support for major support or partial support.

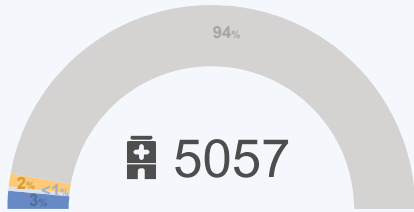
-  Governance
-  Provision of staff
-  Provision of training
-  Provision of equipment
-  Provision of supplies
-  Provision of operational support
-  Provision of health services



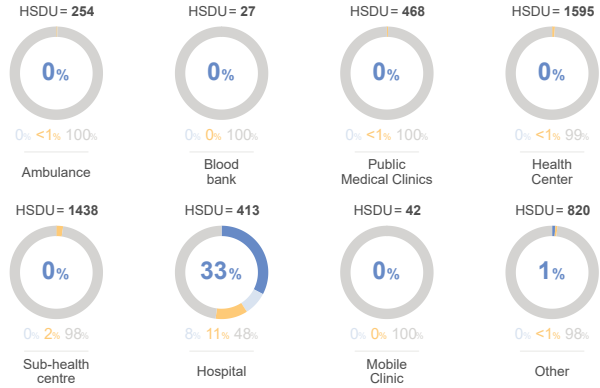
INPATIENT BED CAPACITY

ICU beds

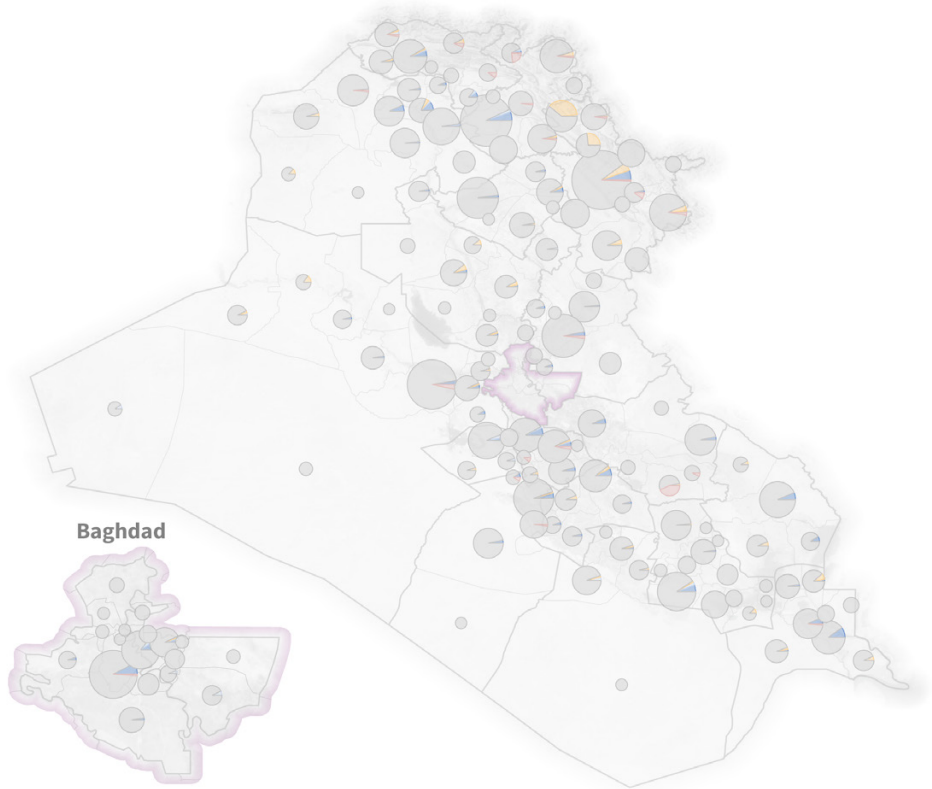
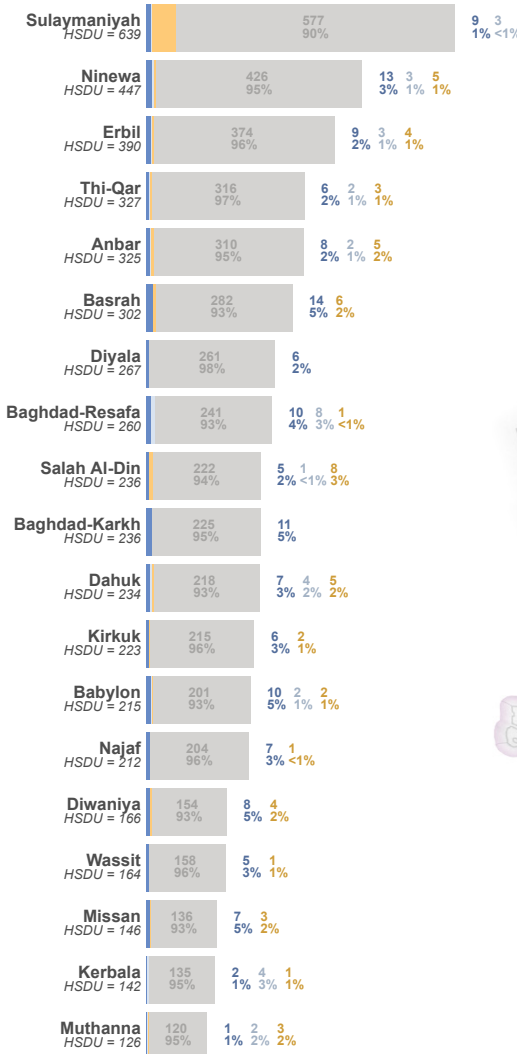
Availability of ICU beds¹³



Availability of ICU beds by HSDU type



Availability of ICU beds by directorate of health



¹³ Refers to the availability of sufficient, functioning Intensive Care Unit (ICU) beds to meet the HSDU's demands. This include availability of relevant equipment, supplies and human resources to manage patient load.

Availability status

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

- Not operational
- Not reporting

Applicable only for the map

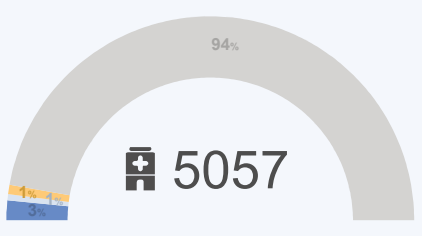
Maps

Number of HSDUs



Maternity beds

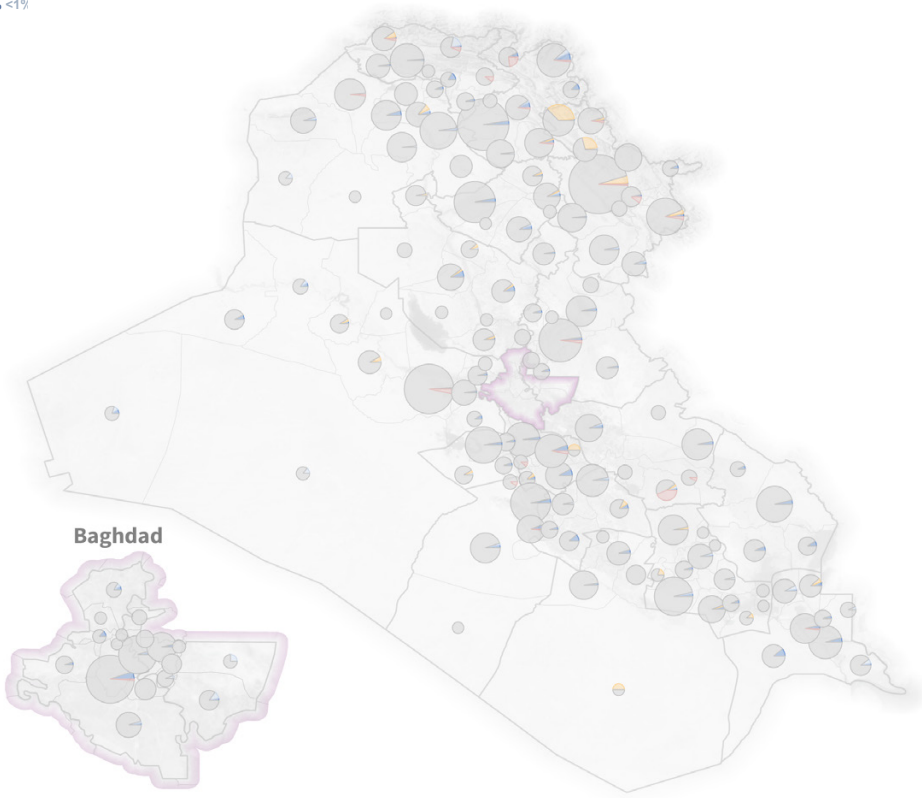
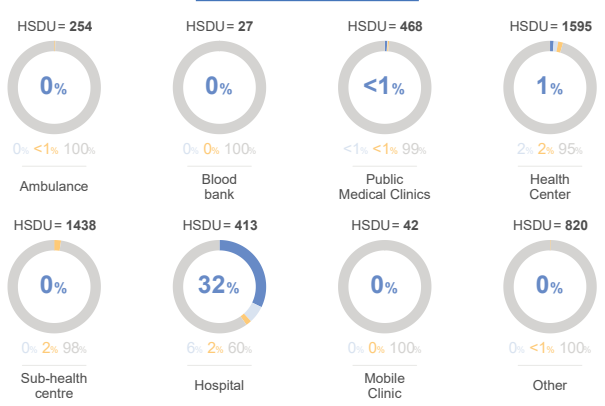
Availability of maternity beds¹⁴



Availability of maternity beds by directorate of health

Directorate	HSDU	Available	Partially available	Not available	Not reporting
Sulaymaniyah	639	582 (91%)	3 (0.5%)	2 (0.3%)	0
Ninewa	447	430 (96%)	3 (0.7%)	0	0
Erbil	390	367 (94%)	1 (0.3%)	5 (1.3%)	0
Thi-Qar	327	312 (95%)	4 (1.2%)	0	0
Anbar	325	309 (95%)	3 (0.9%)	0	0
Basrah	302	281 (93%)	2 (0.7%)	5 (1.6%)	0
Diyala	267	260 (97%)	0	7 (2.6%)	0
Baghdad-Resafa	260	247 (95%)	0	5 (2%)	8 (3%)
Salah Al-Din	236	221 (94%)	1 (0.4%)	5 (2.1%)	0
Baghdad-Karkh	236	224 (95%)	0	10 (4.2%)	2 (0.8%)
Dahuk	234	219 (94%)	0	7 (3%)	5 (2.1%)
Kirkuk	223	211 (95%)	0	8 (3.6%)	2 (0.9%)
Babylon	215	202 (94%)	0	11 (5.1%)	2 (0.9%)
Najaf	212	203 (96%)	0	8 (3.8%)	1 (0.5%)
Diwaniya	166	155 (93%)	0	7 (4.2%)	2 (1.2%)
Wassit	164	156 (95%)	0	5 (3%)	2 (1.2%)
Missan	146	138 (95%)	0	8 (5.5%)	0
Kerbala	142	136 (96%)	0	4 (2.8%)	1 (0.7%)
Muthanna	126	122 (97%)	0	3 (2.4%)	1 (0.8%)

Availability of maternity beds by HSDU type



¹⁴ Refers to the availability of sufficient, functioning maternity beds to meet the HSDUs demands. This include availability of relevant equipment, supplies and human resources to manage patient load.

Availability status

- Available
- Partially available
- Not available

Maps

- Not operational
- Not reporting

Number of HSDUs

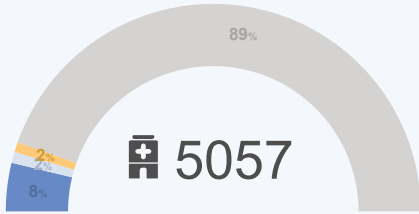


Applicable only for the map

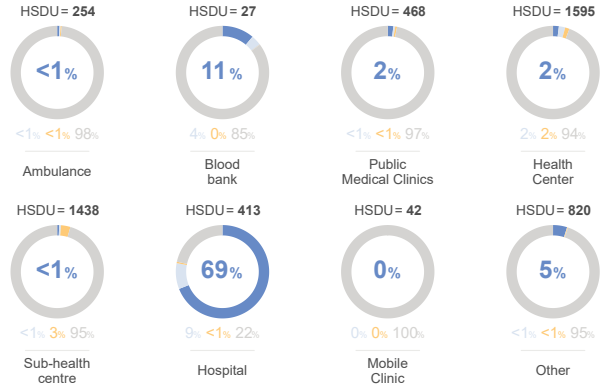


Other inpatient beds

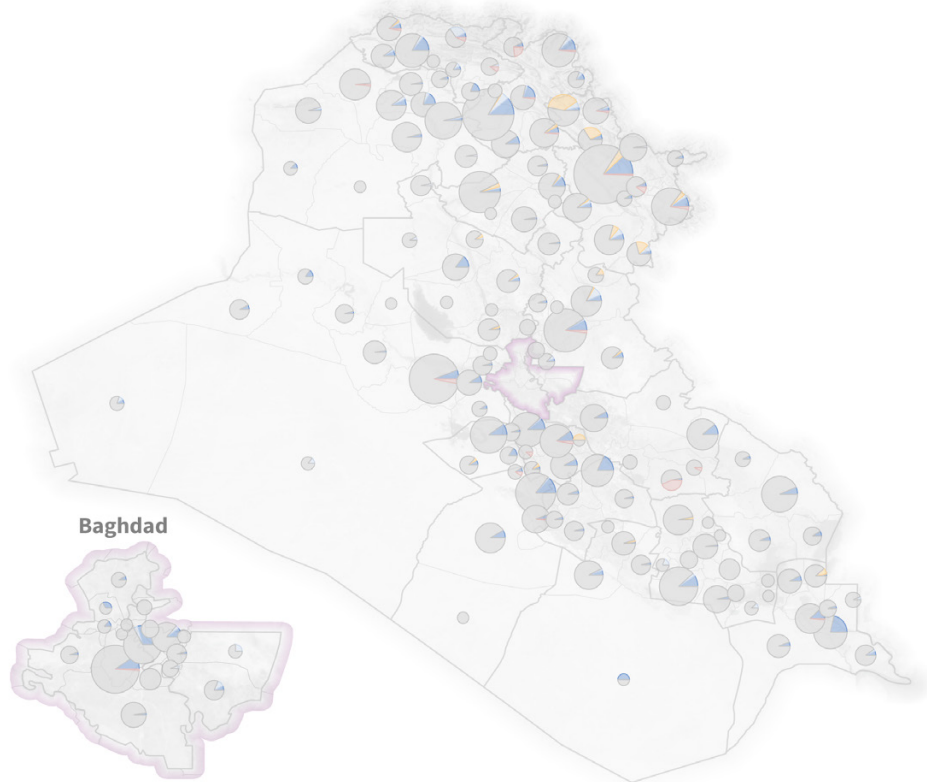
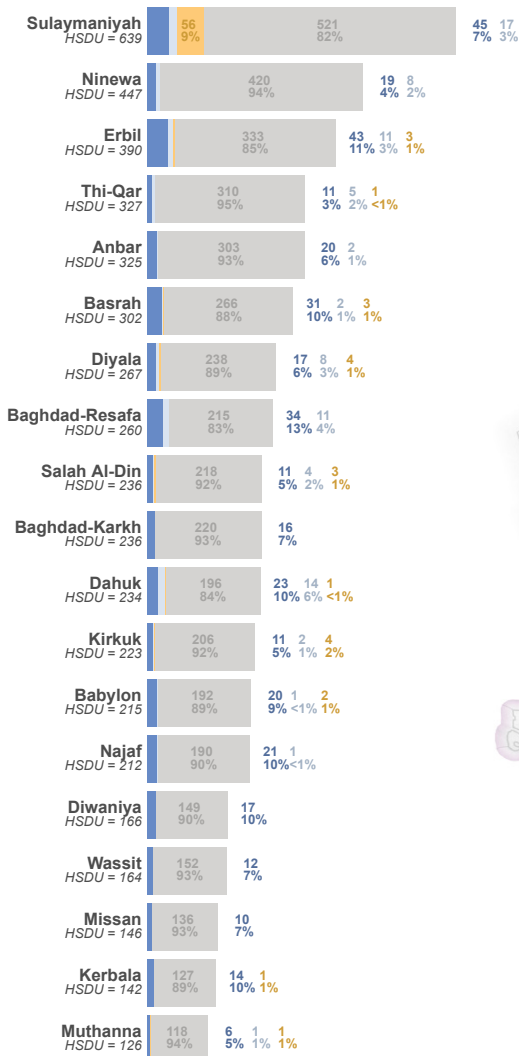
Availability of other inpatient beds ¹⁵



Availability of other inpatient beds by HSDU type



Availability of other inpatient beds by directorate of health



¹⁵ Refers to the availability of sufficient, functioning other beds to meet the HSDUs demands. This include availability of relevant equipment, supplies and human resources to manage patient load.

Availability status

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

Maps

- Not operational
- Not reporting

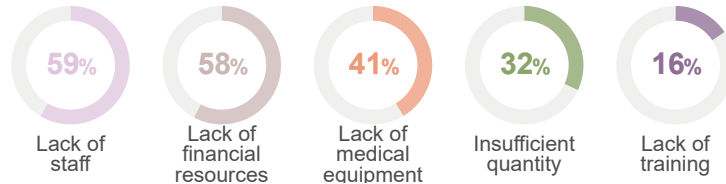
Number of HSDUs



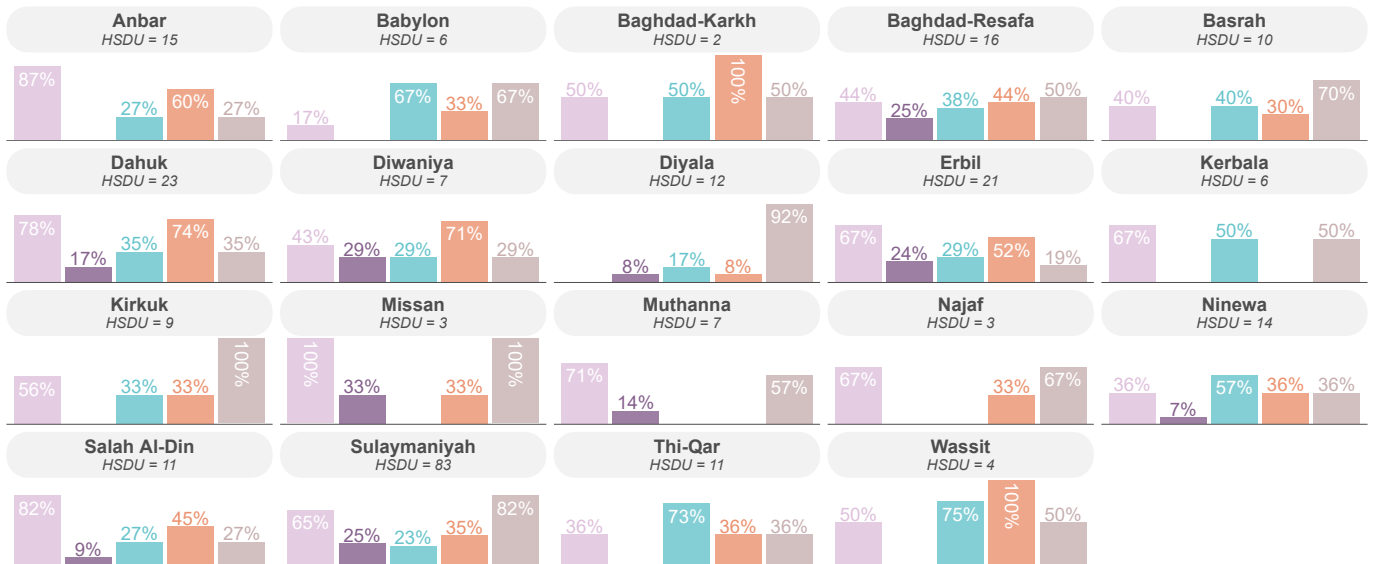
Applicable only for the map

Main barriers to availability of all bed types






HSDU = 263



Main barriers to availability of all bed types by directorate of health

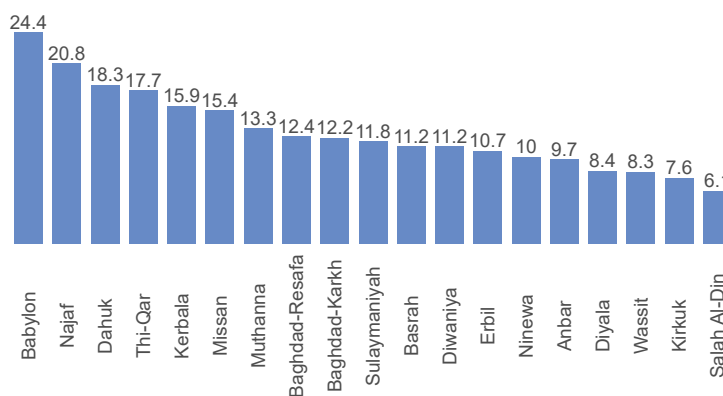


Barriers for partial availability or non-availability.

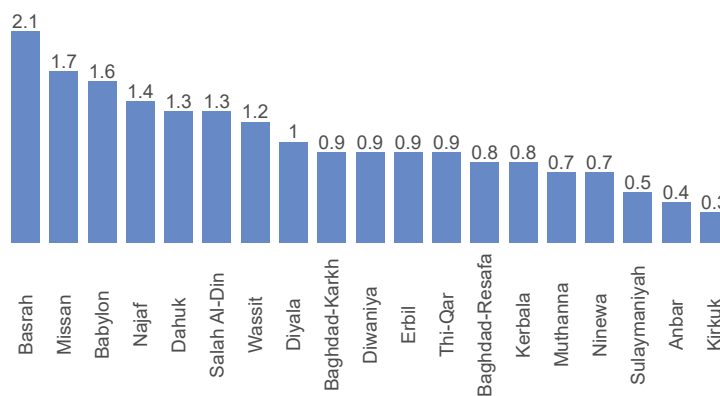
-  Lack of staff
-  Lack of supplies
-  Lack of financial resources
-  Lack of training
-  Lack of equipment



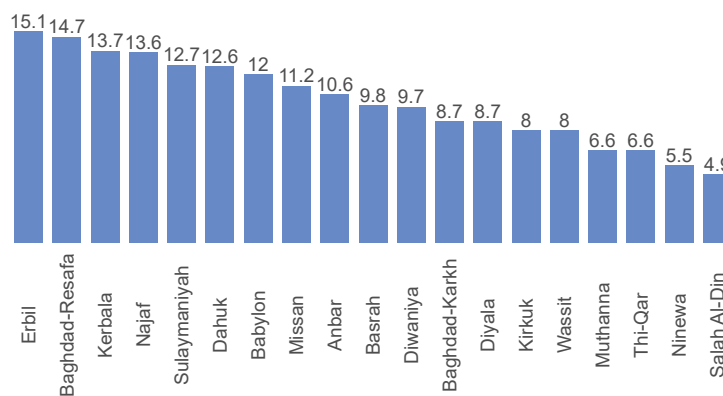
Number of ICU beds per 250 000 inhabitants*



Number of maternity beds per 10 000 inhabitants*



Number of other beds per 10 000 inhabitants*



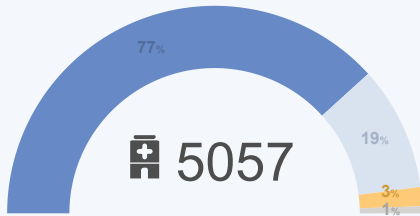
* See Annex II for population estimates.



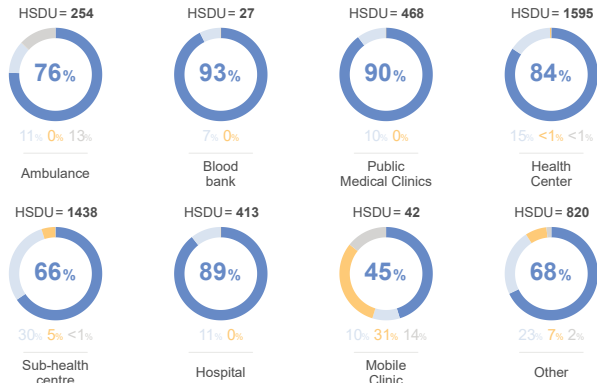


WATER

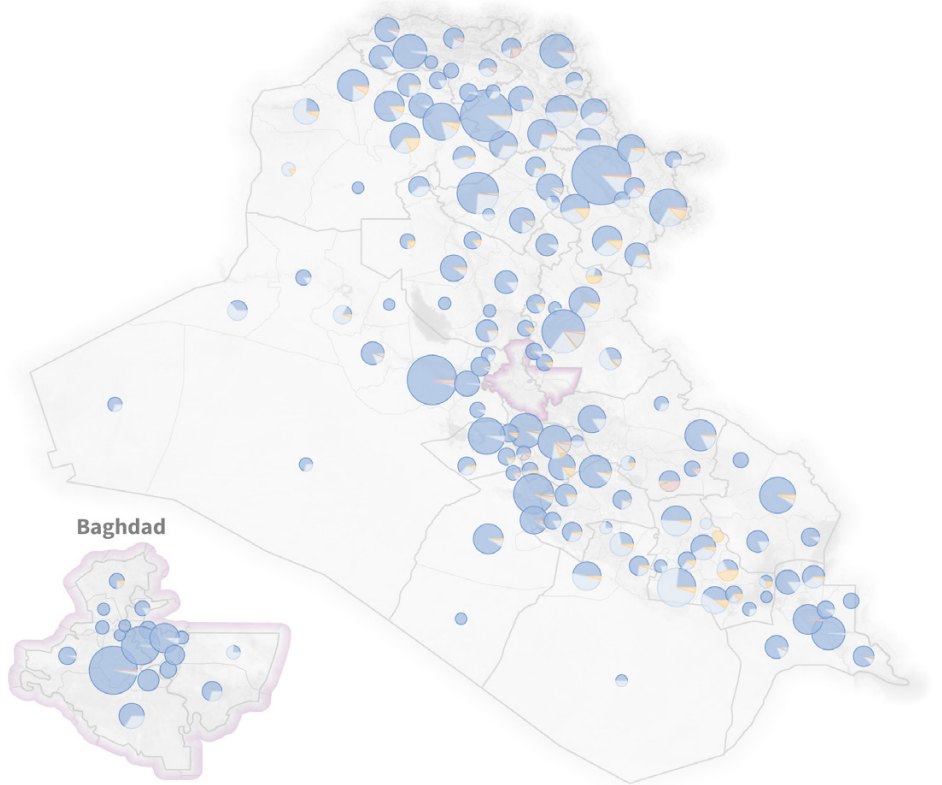
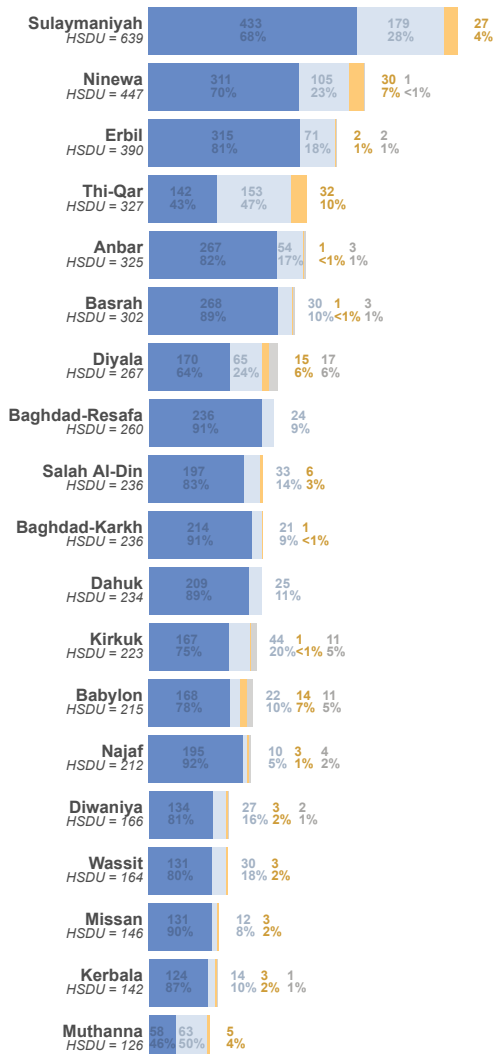
Water availability¹⁶



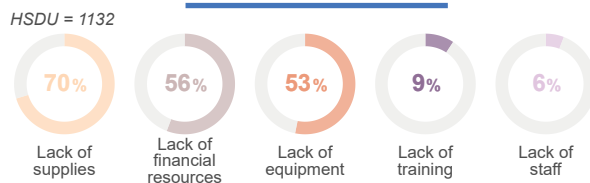
Water availability by HSDU type



Water availability by directorate of health



Main barriers to availability

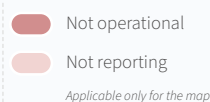
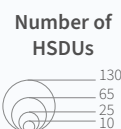


¹⁶ Refers to the availability of sufficient, reliable and safe water to meet the HSDUs daily demand. Water is considered “available” when it is available in sufficient quantities and qualities and comes from improved water sources or is treated on-site following national guidelines. Improved water sources include e.g., running water, tube or boreholes, protected wells, protected springs, rainwater, and bottled or distributed water.

Availability status

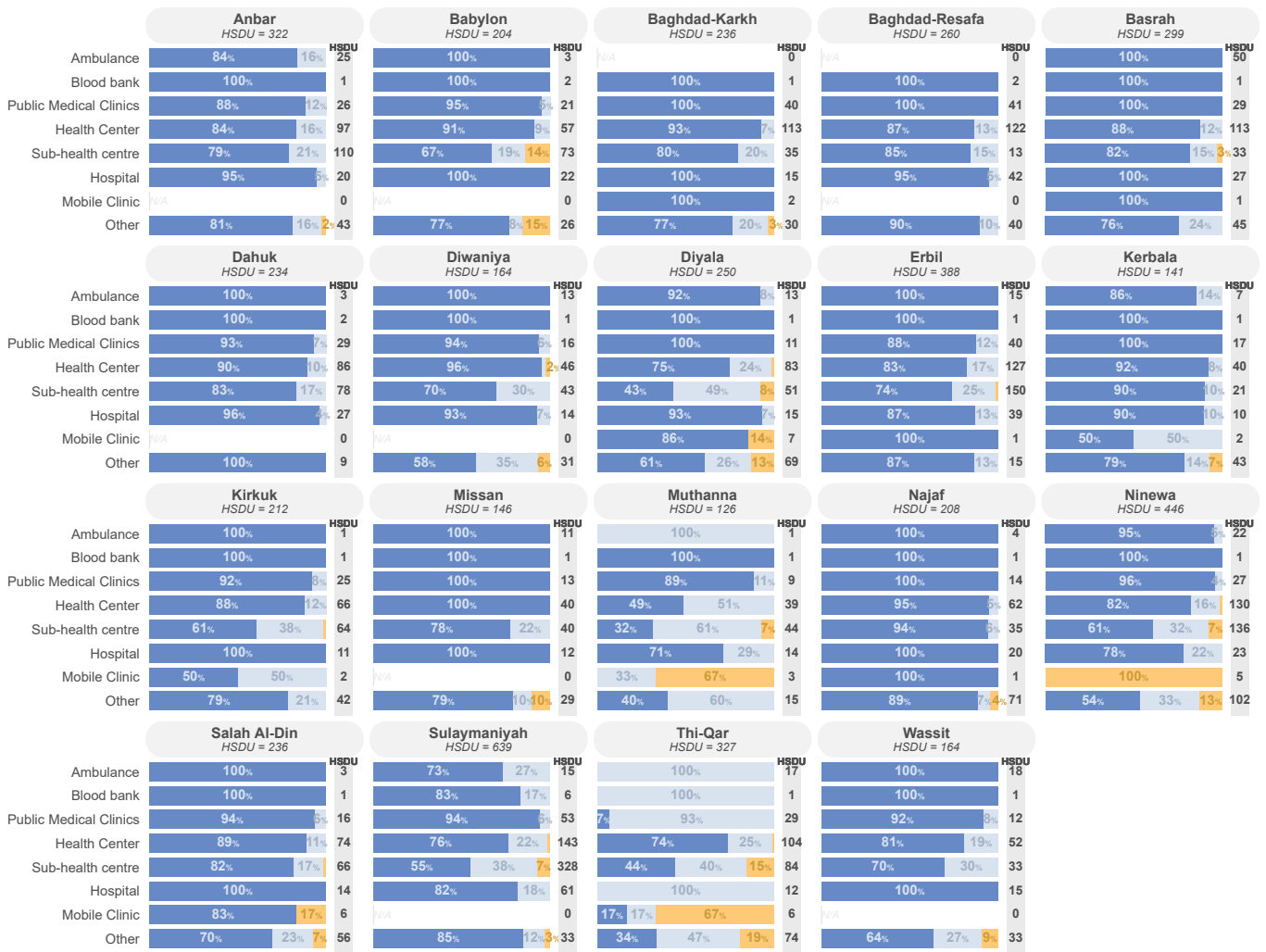


Maps

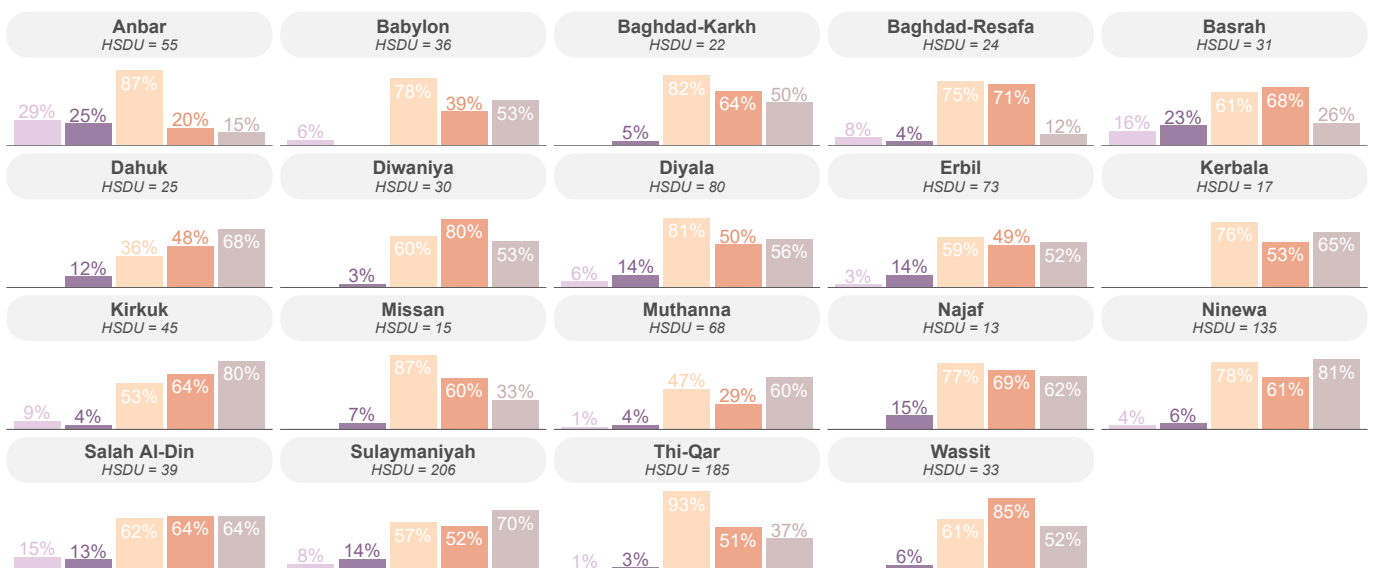


Applicable only for the map

Water availability by HSDU type and by directorate of health*








Main barriers to availability by directorate of health



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

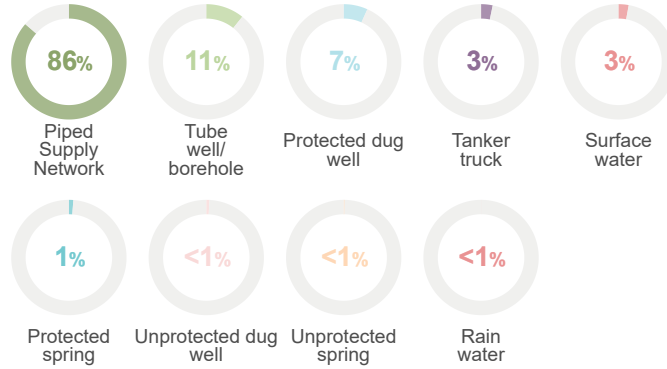
-  Lack of staff
-  Lack of supplies
-  Lack of training
-  Lack of equipment
-  Lack of financial resources

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

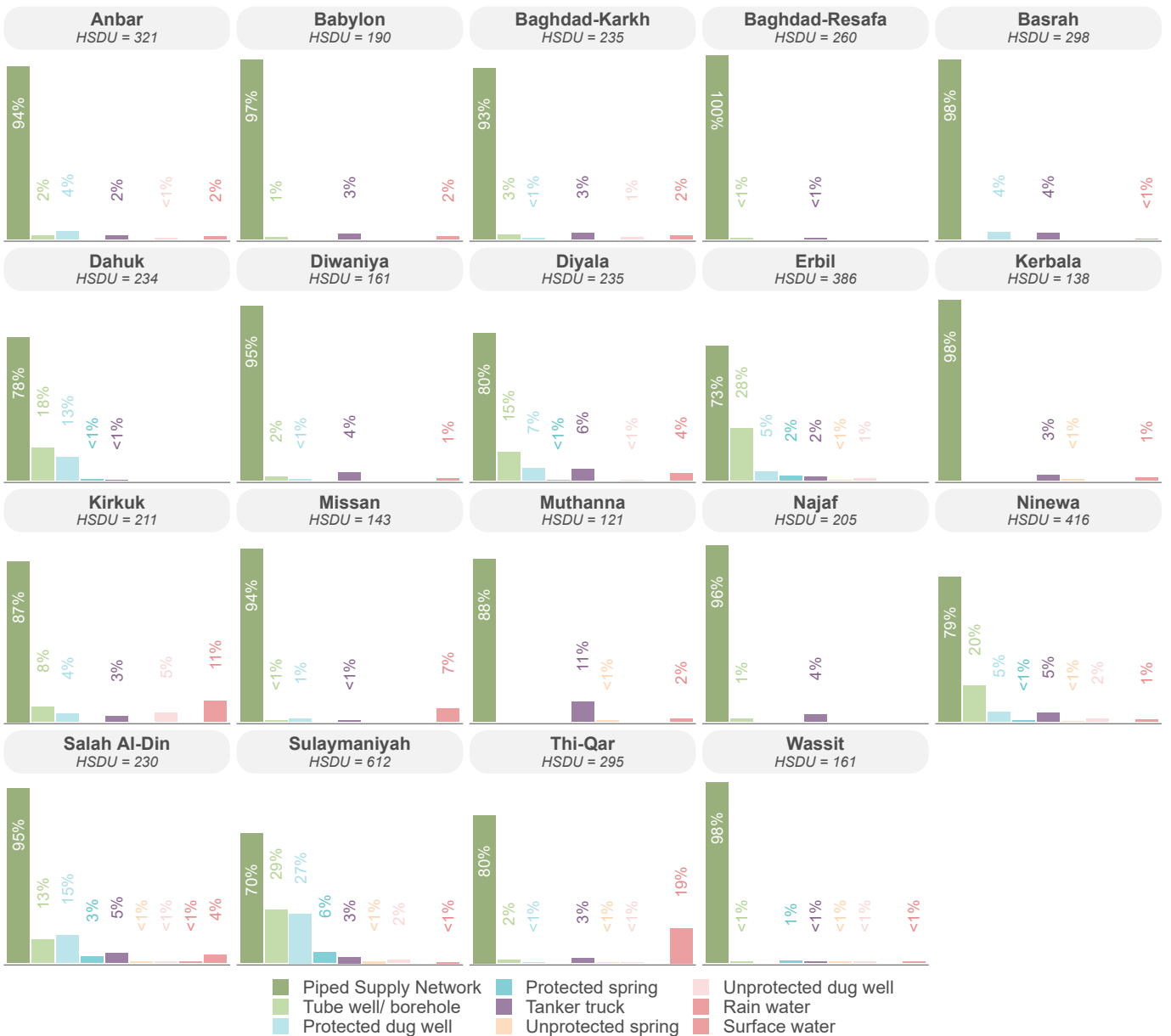


Main water sources

HSDU = 4852



Main water sources by directorate of health

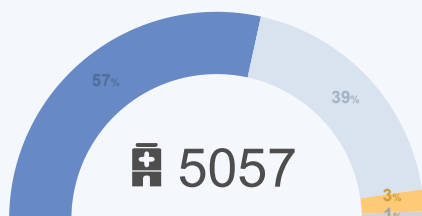




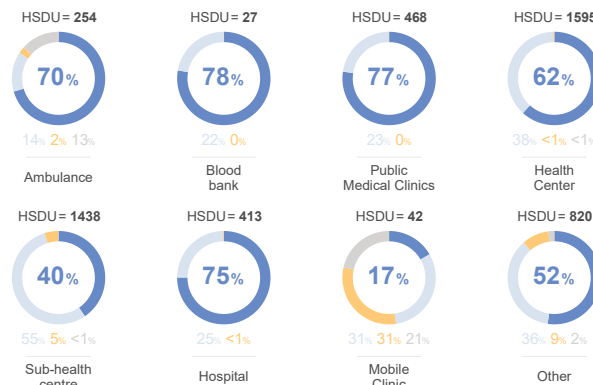


SANITATION FACILITIES

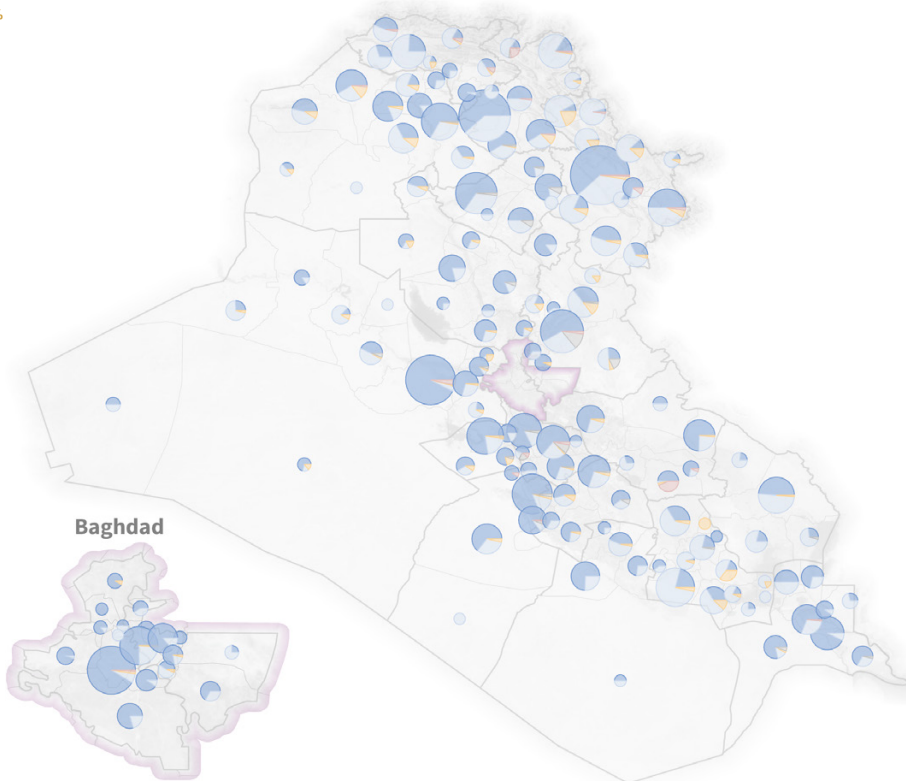
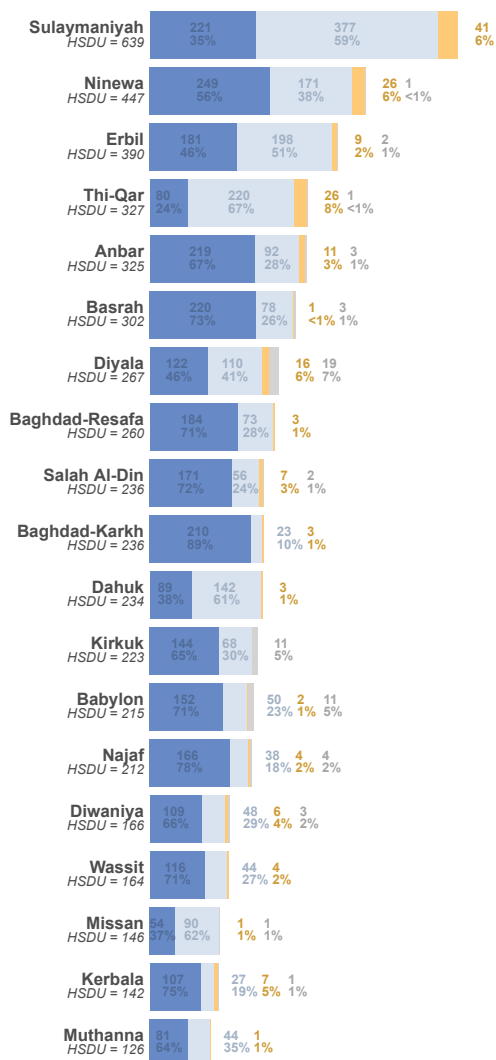
Availability of sanitation facilities¹⁷



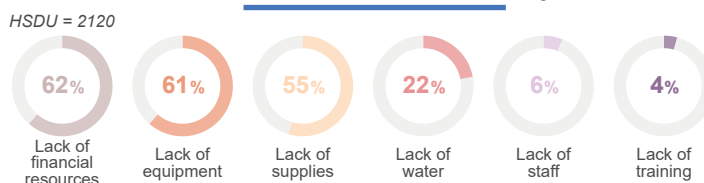
Availability of sanitation facilities by HSDU type



Availability of sanitation facilities by directorate of health

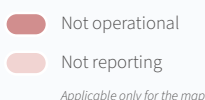


Main barriers to availability

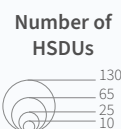


¹⁷ Refers to the availability of sufficient improved and usable sanitation facilities with at least one toilet dedicated for staff, at least one sex-separated toilet with menstrual hygiene facilities, and at least one toilet accessible for users with limited mobility. Improved sanitation facilities include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs.

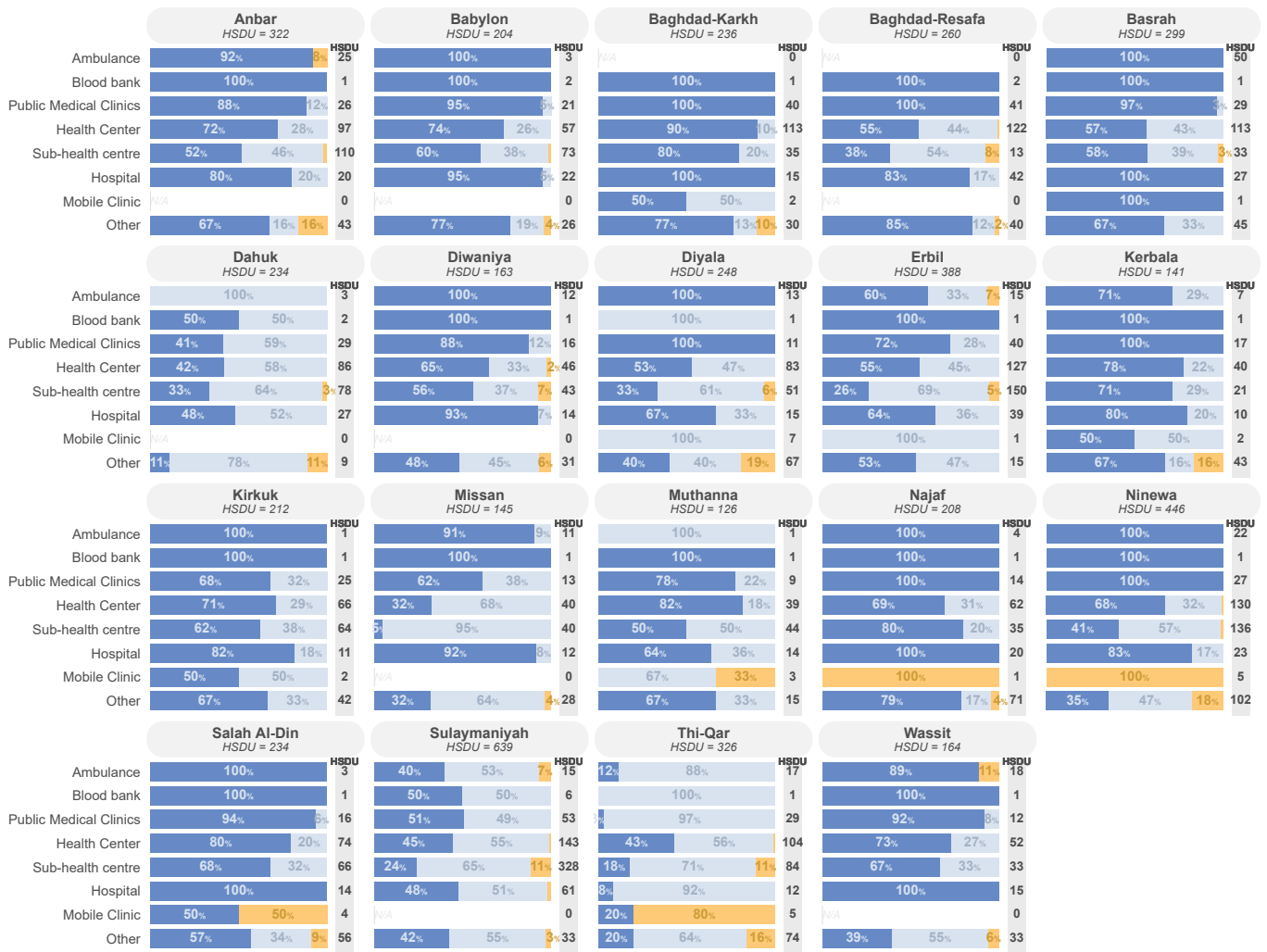
Availability status



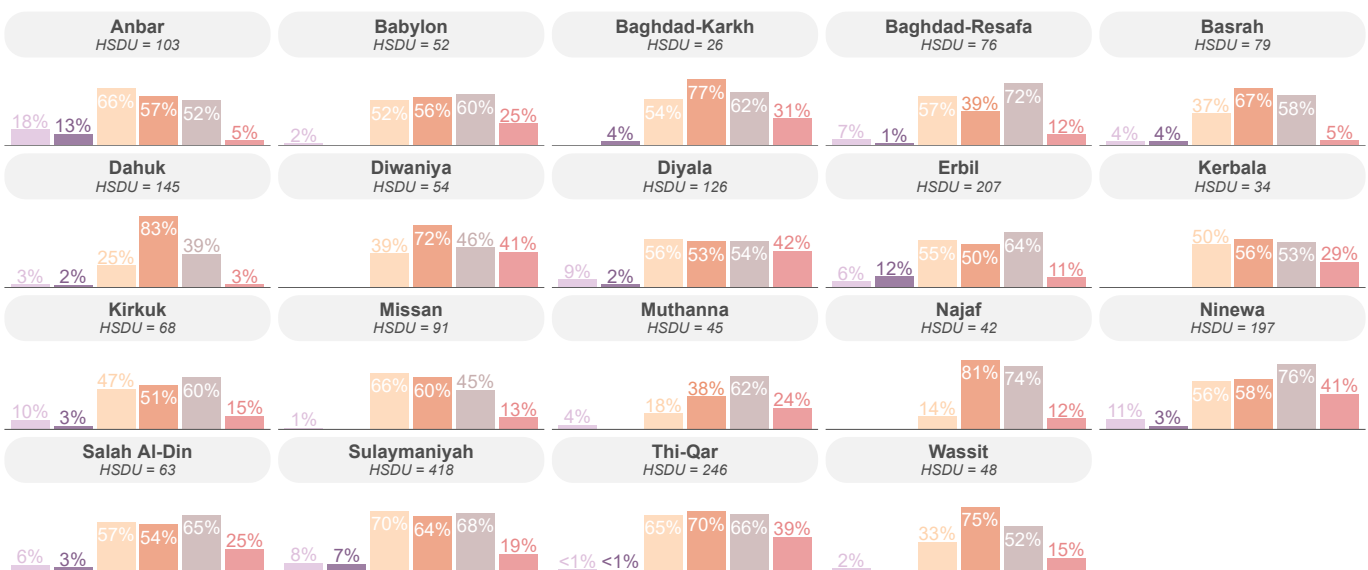
Maps



Availability of sanitation facilities by HSDU type and by directorate of health*



Main barriers to availability by directorate of health



Availability status

- Available
- Partially available
- Not available

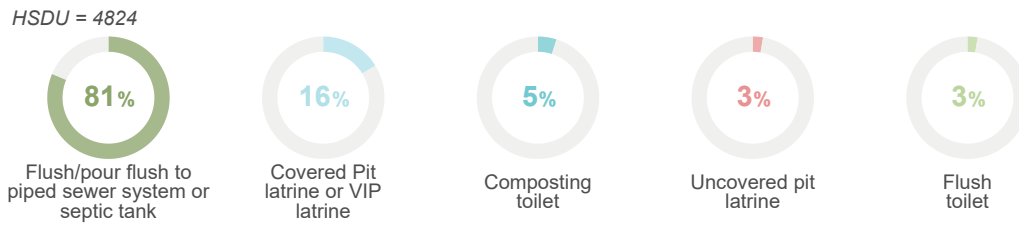
Barriers for partial availability or non-availability.

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

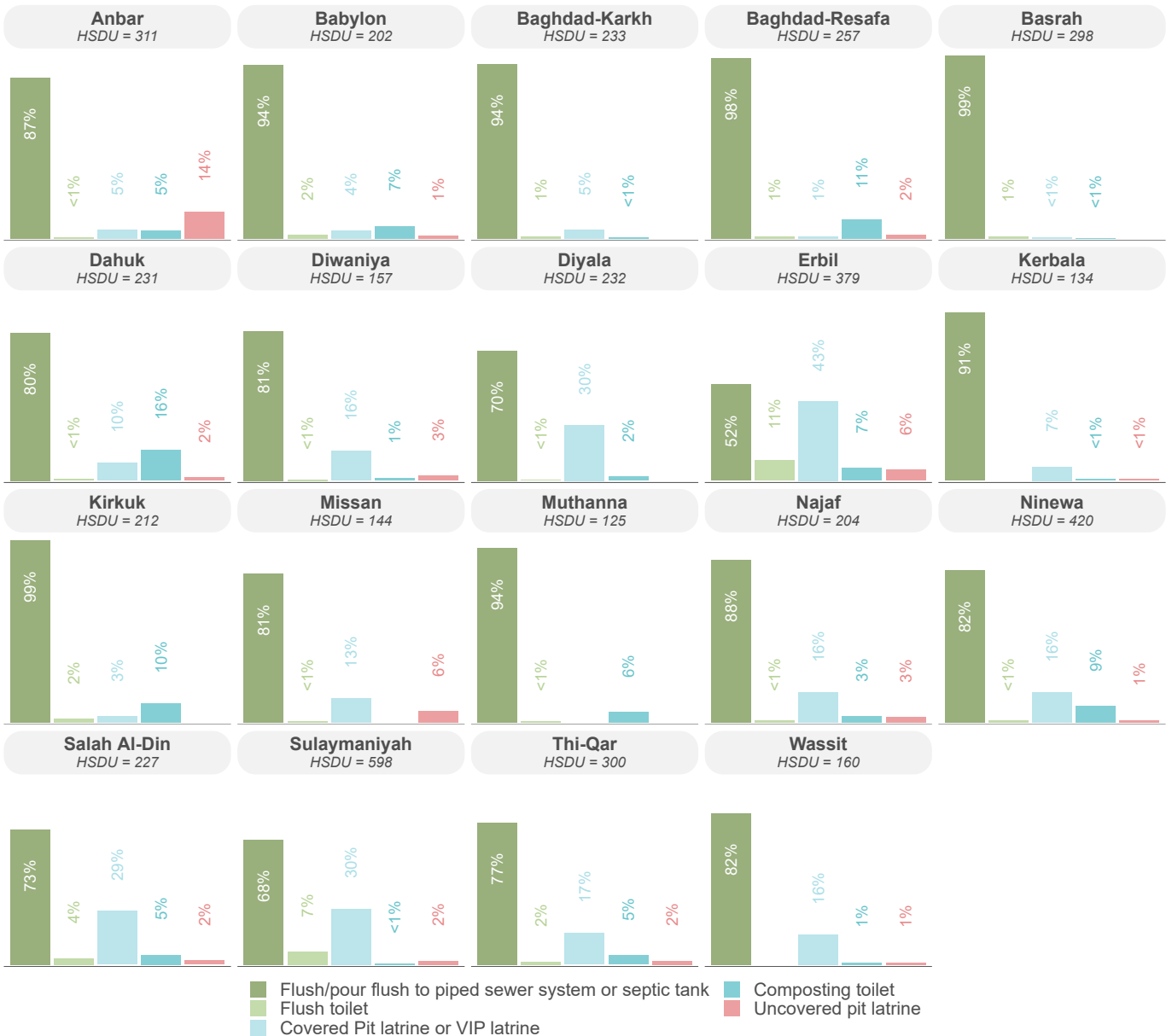
* HSDUs that do not normally provide the service are excluded from this chart.



Types of sanitation facilities

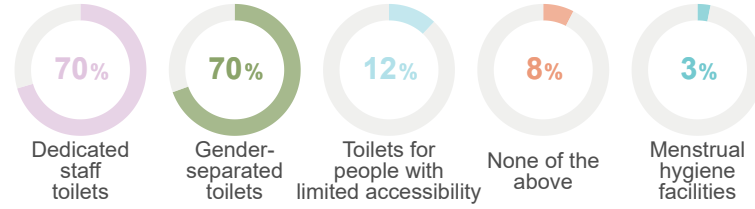


Types of sanitation facilities by directorate of health

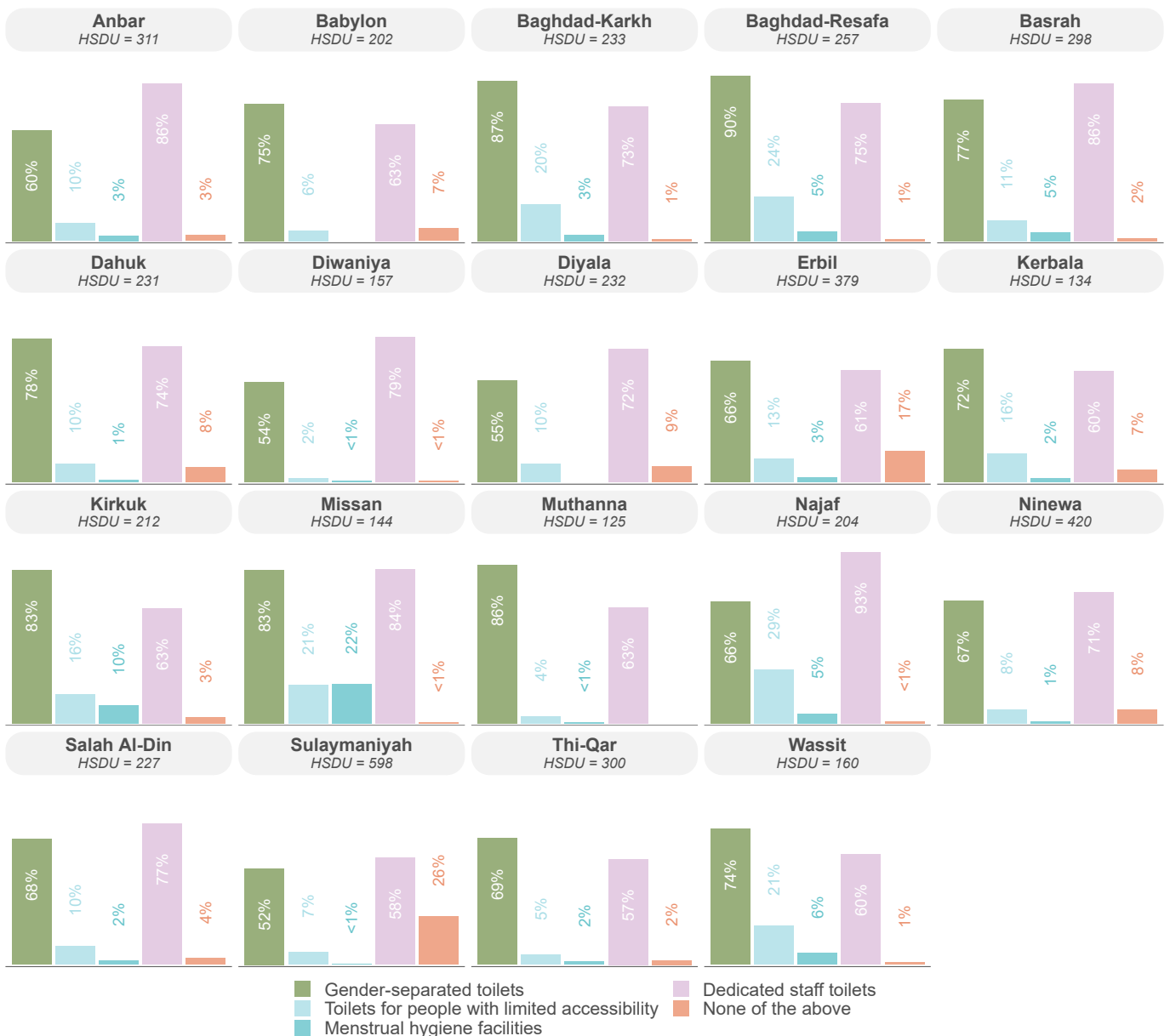


Sanitation facilities accessibility

HSDU = 4824



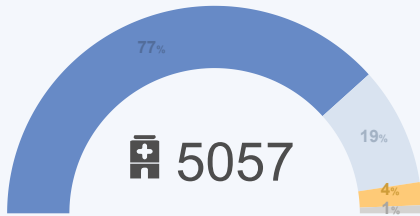
Sanitation facilities accessibility by directorate of health



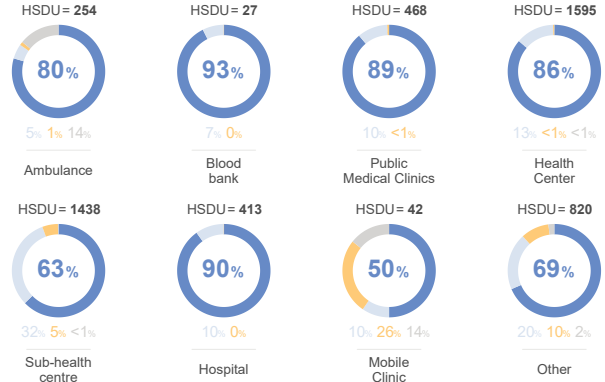


HAND-HYGIENE FACILITIES

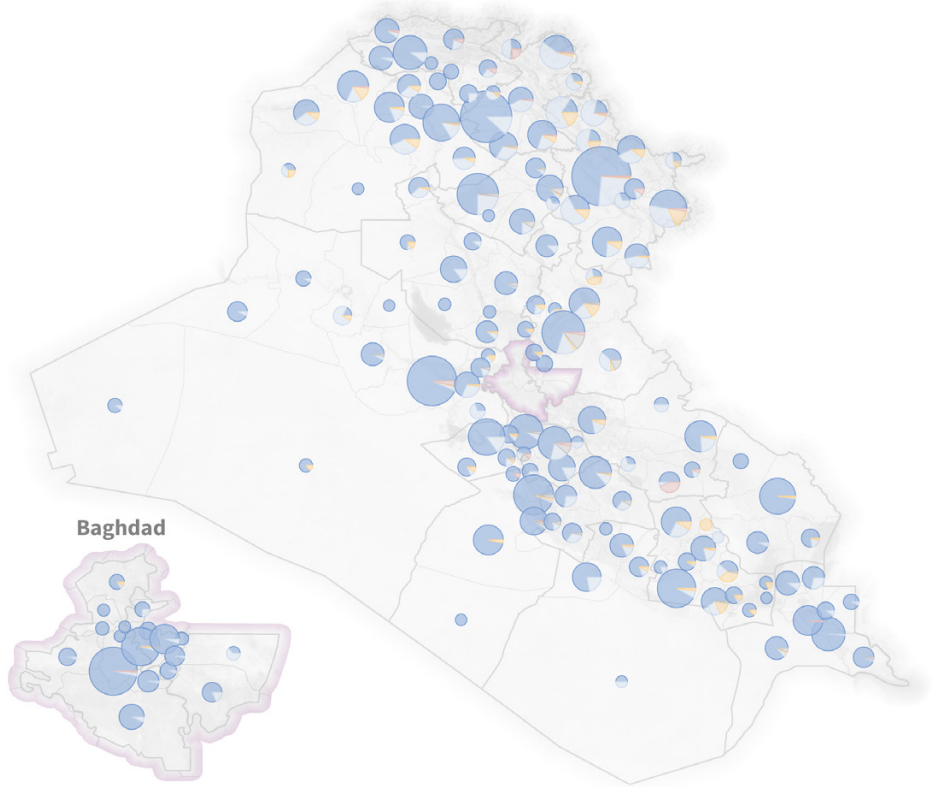
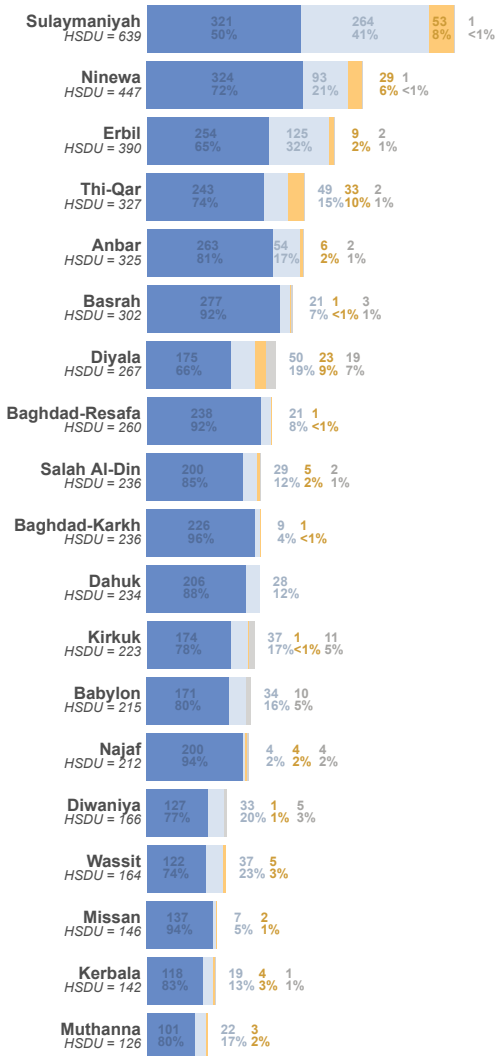
Availability of hand-hygiene facilities¹⁸



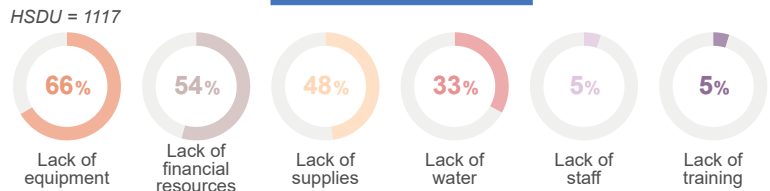
Availability of hand-hygiene facilities by HSDU type



Availability of hand-hygiene facilities by directorate of health

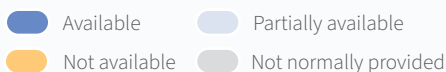


Main barriers to availability

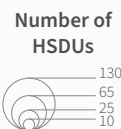


¹⁸ Refers to the availability of functioning hand-hygiene facilities at all critical locations within the HSDU, including required supplies such as water, soap and AHRB. All staff have complete training in proper hand hygiene practices.

Availability status

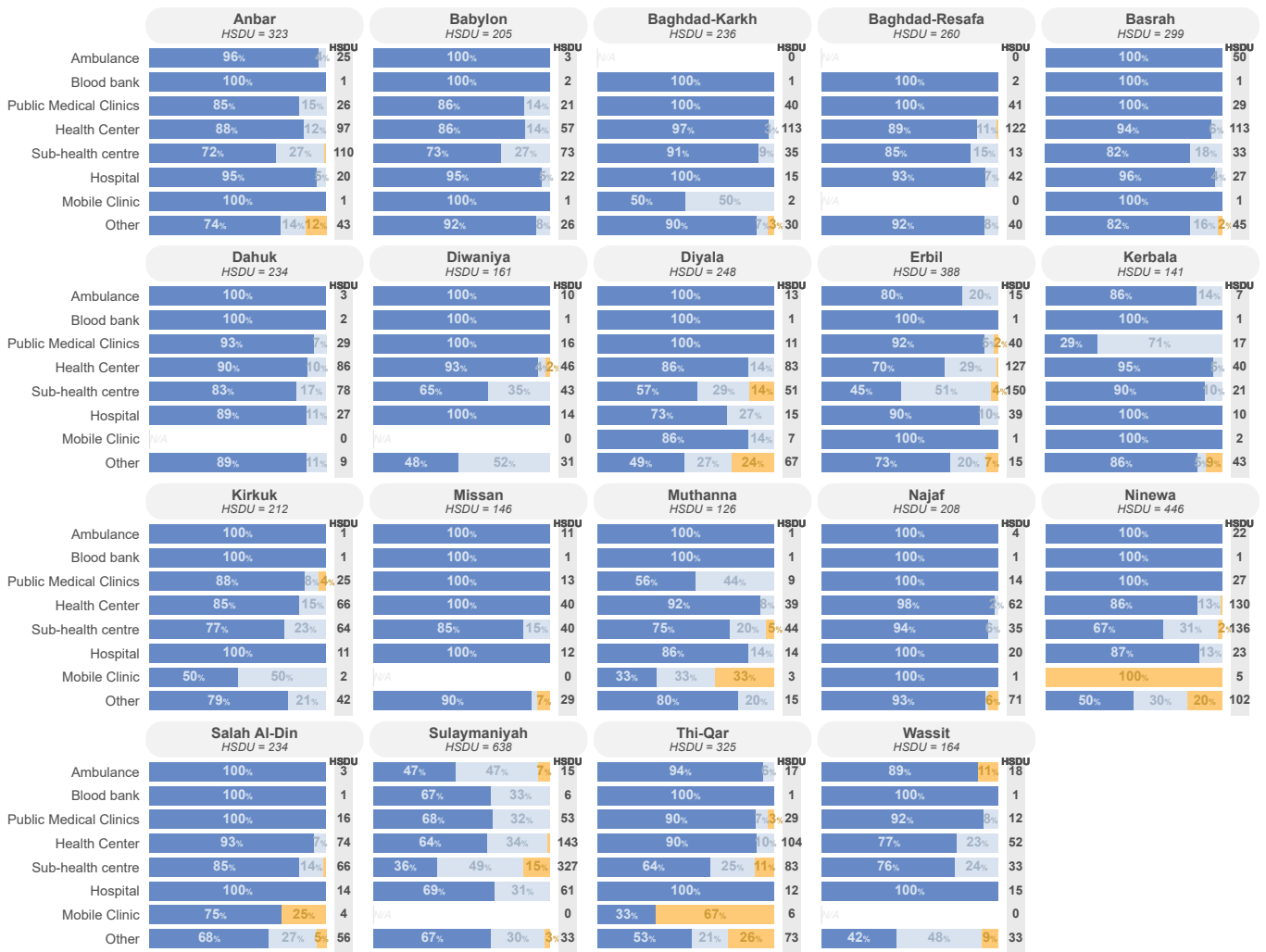


Maps

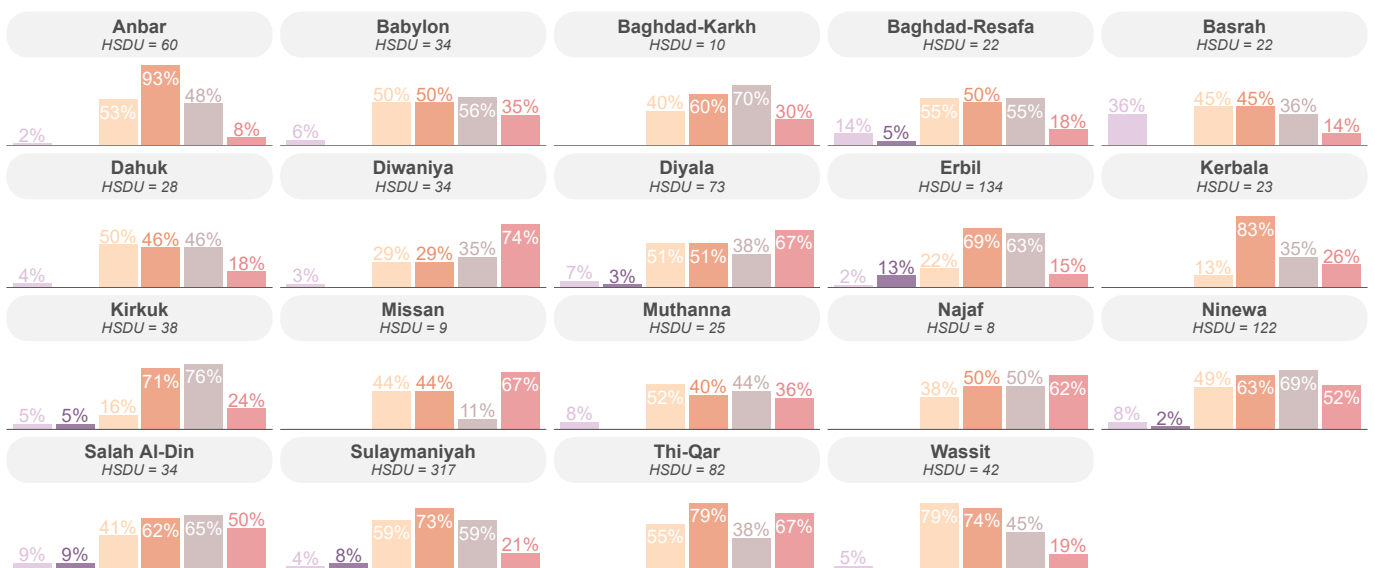


Applicable only for the map

Availability of hand-hygiene facilities by HSDU type and by directorate of health*








Main barriers to availability by directorate of health



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

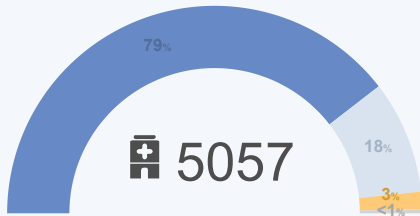
-  Lack of staff
-  Lack of supplies
-  Lack of financial resources
-  Lack of training
-  Lack of equipment

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

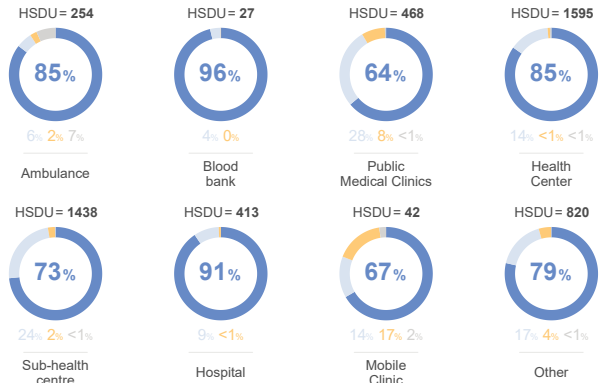


PERSONAL PROTECTIVE EQUIPMENT

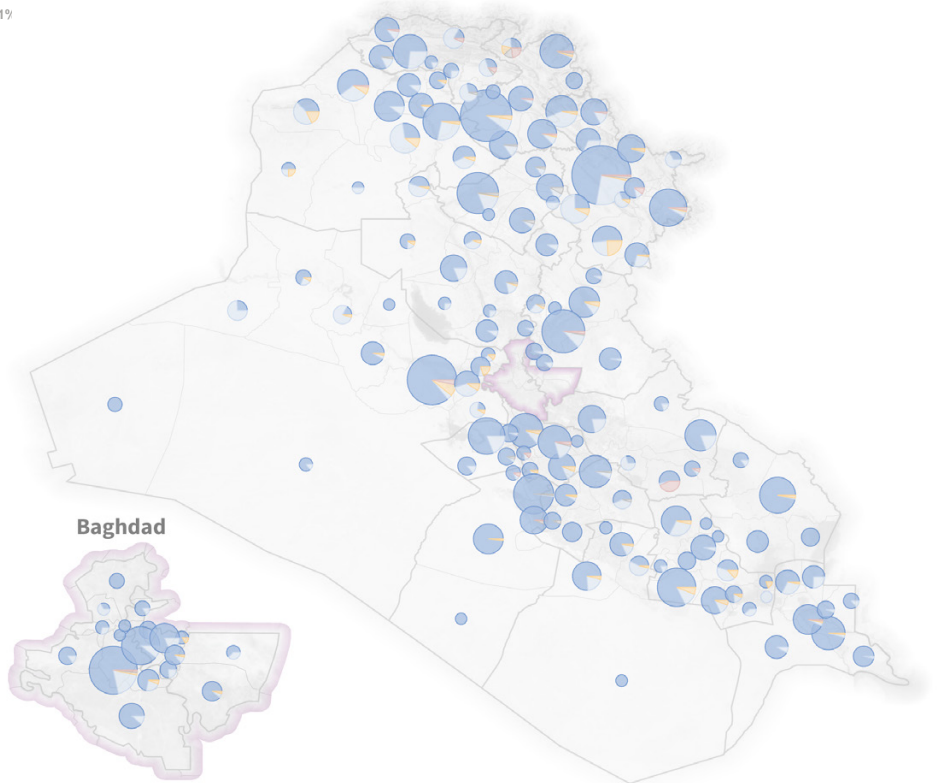
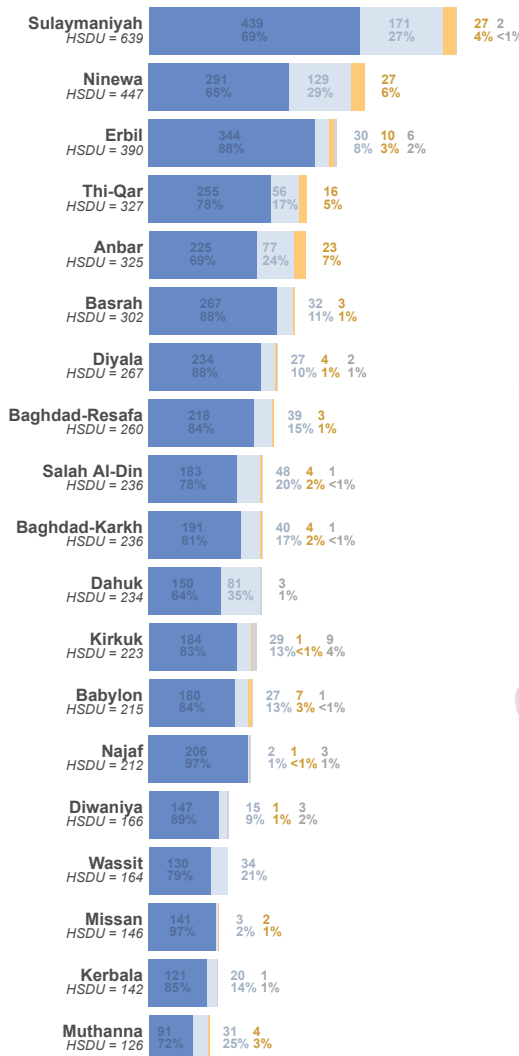
Availability of PPE¹⁹



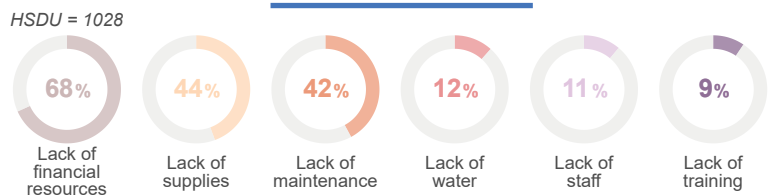
Availability of PPE facilities by HSDU type



Availability of PPE by directorate of health

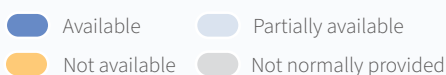


Main barriers to availability

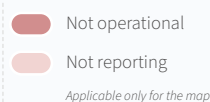
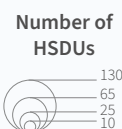


¹⁹ Indicate if Personal Protective Equipment (PPE) equipment is available and if there is a policy to use PPE.

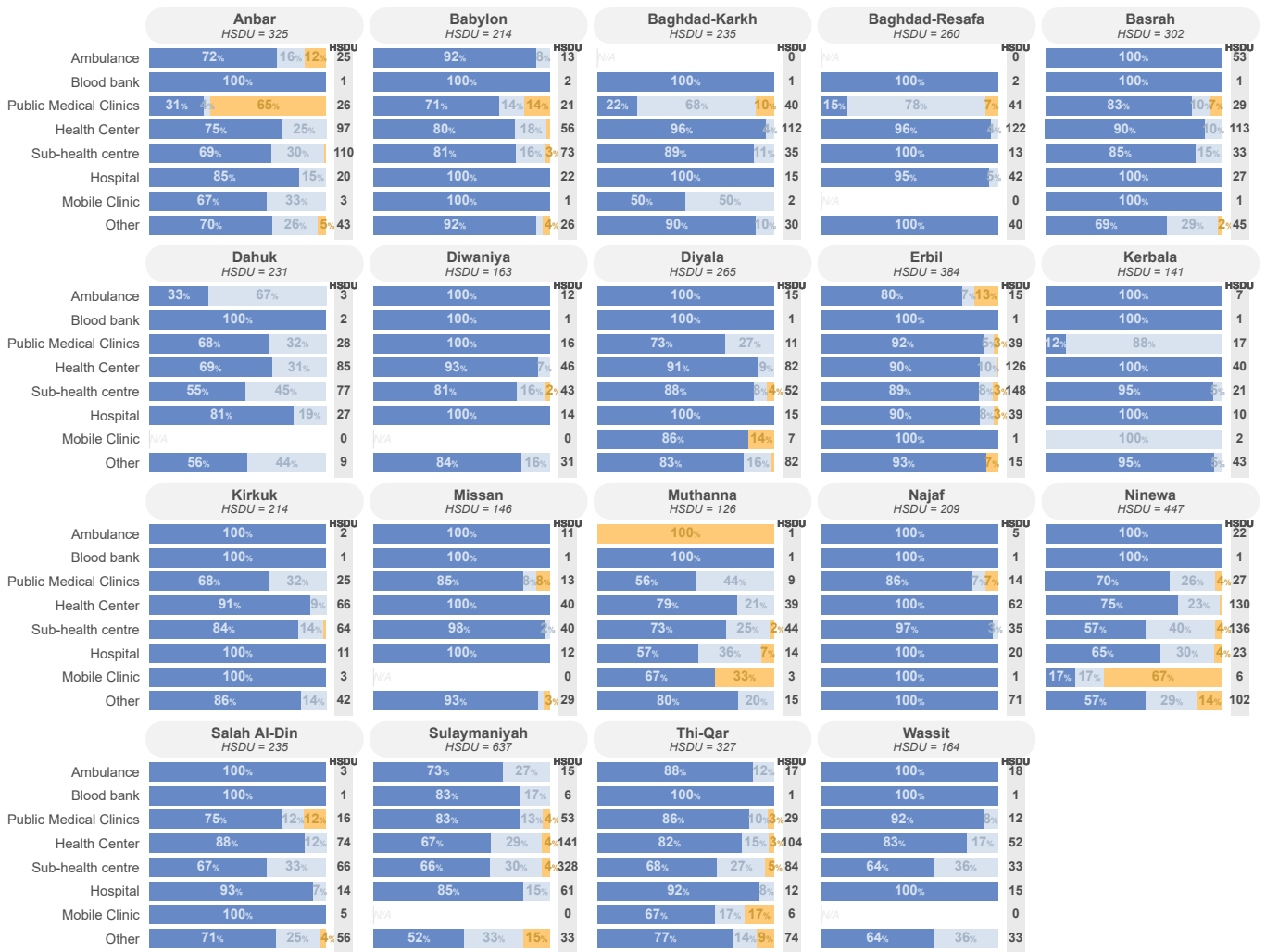
Availability status



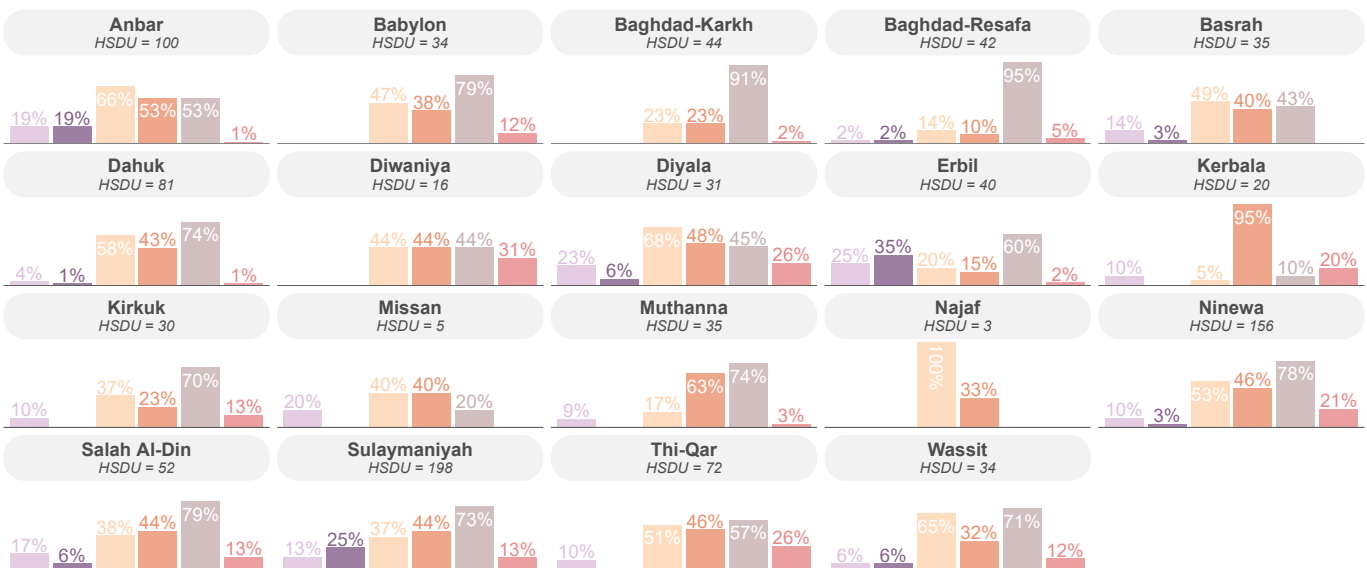
Maps



Availability of PPE facilities by HSDU type and by directorate of health*



Main barriers to availability by directorate of health



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

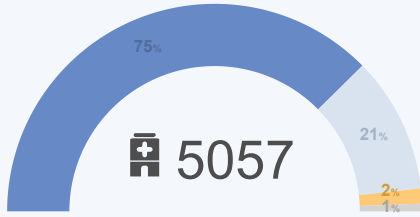
- Lack of staff
- Lack of supplies
- Lack of training
- Lack of equipment
- Lack of financial resources

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

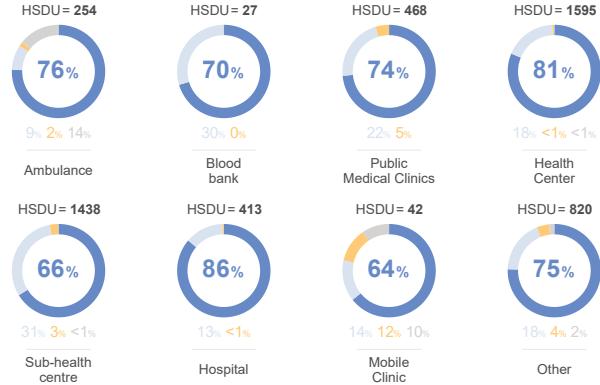


CLEANING EQUIPMENT

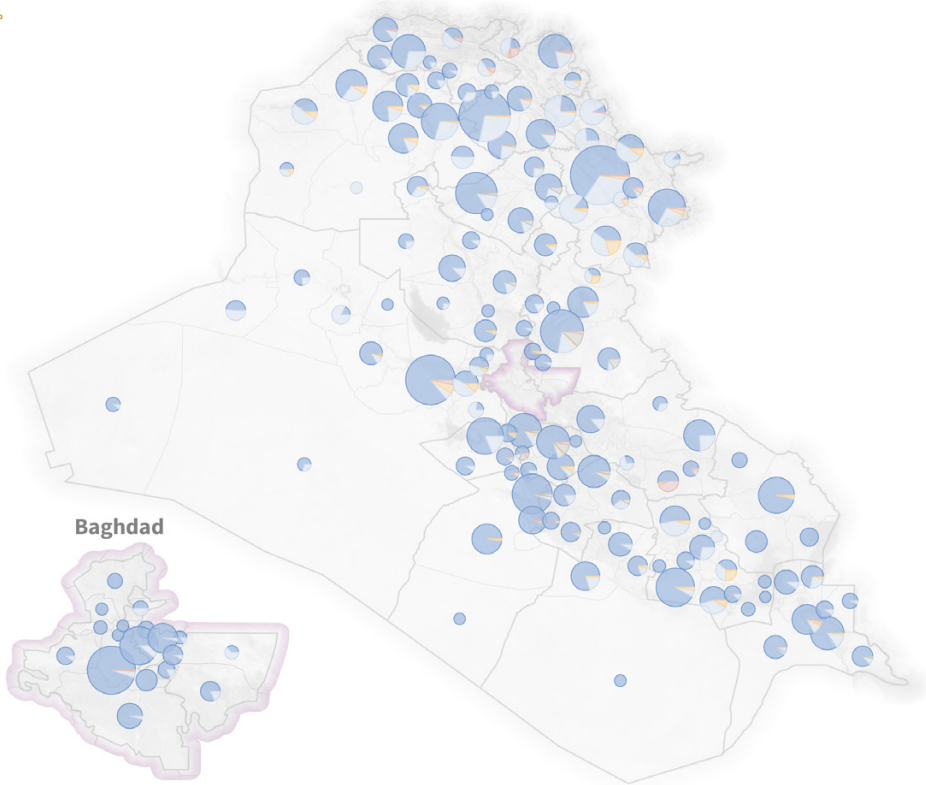
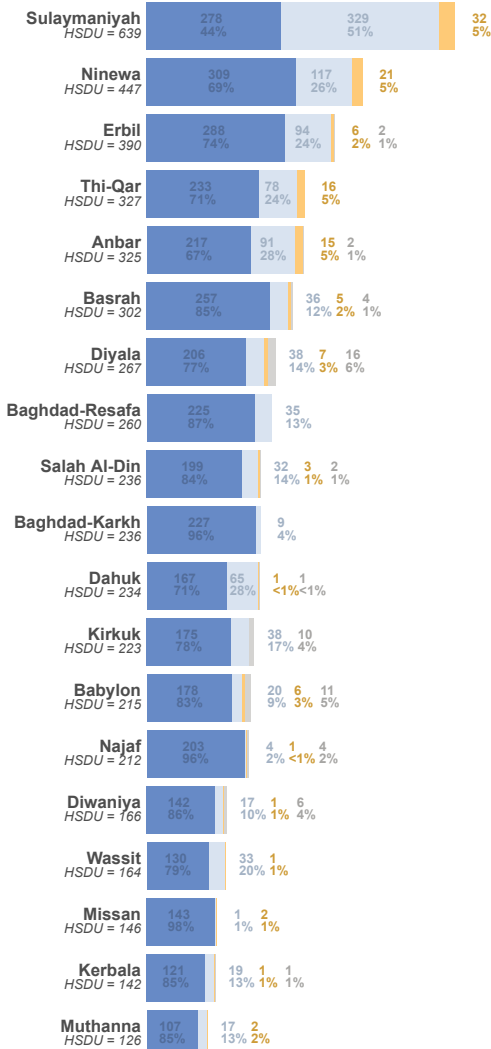
Availability of cleaning equipment and supplies²⁰



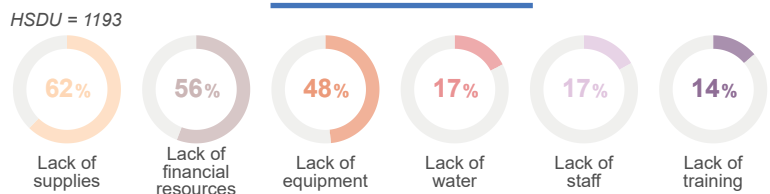
Availability of cleaning equipment and supplies by HSDU type



Availability of cleaning equipment and supplies by directorate of health

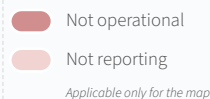
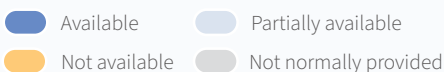


Main barriers to availability

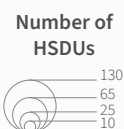


²⁰ The availability of means to ensure proper environmental cleaning in accordance with national guidelines. This includes the availability of sufficient resources (including equipment, supplies, and human resources), availability of cleaning protocols, schedule, and that staff has been adequately trained.

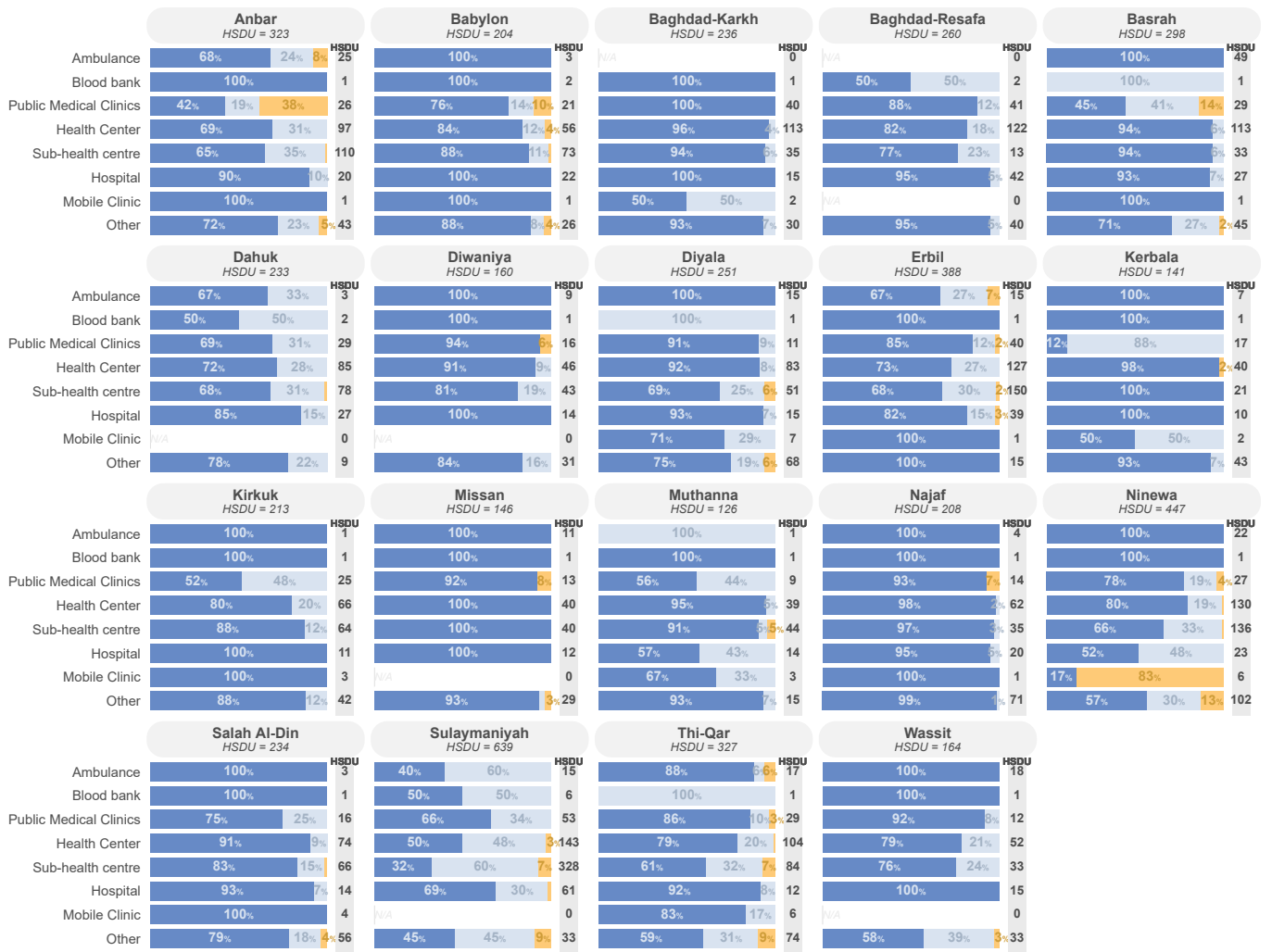
Availability status



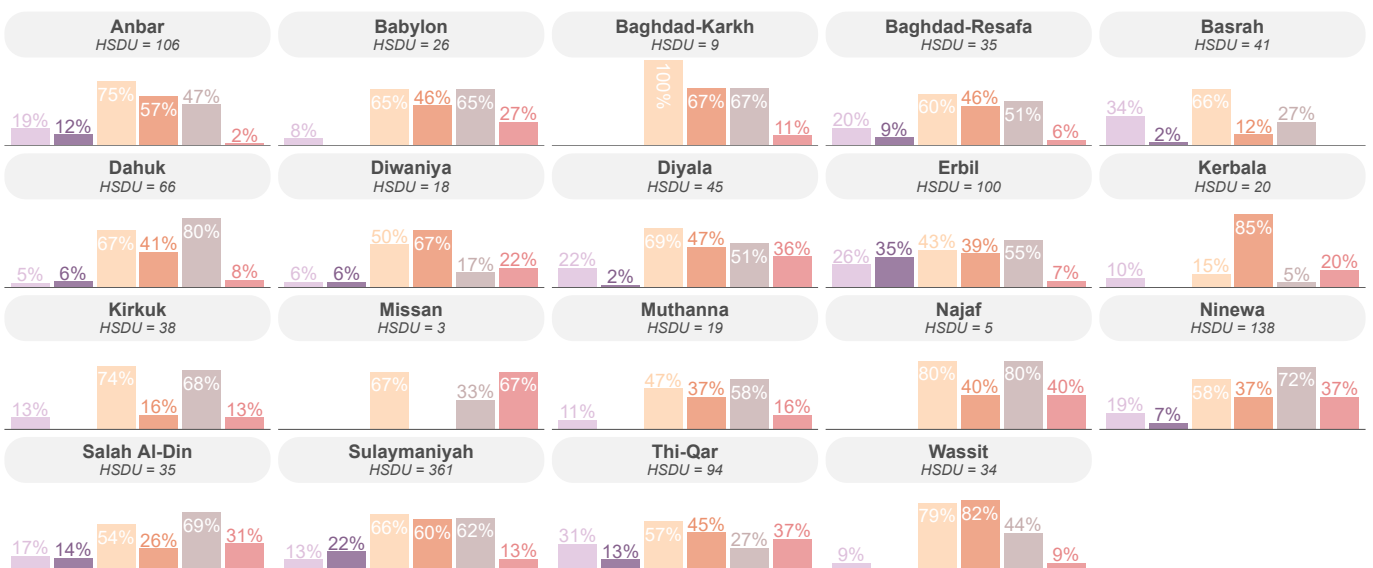
Maps



Availability of cleaning equipment and supplies by HSDU type and by directorate of health*








Main barriers to availability 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

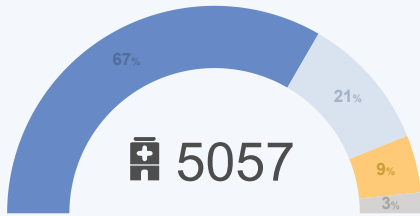
* HSDUs that do not normally provide the service are excluded from this chart.



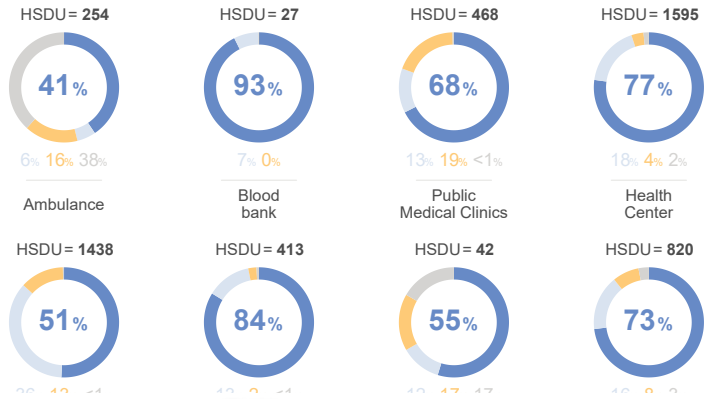
WASTE MANAGEMENT

Waste segregation

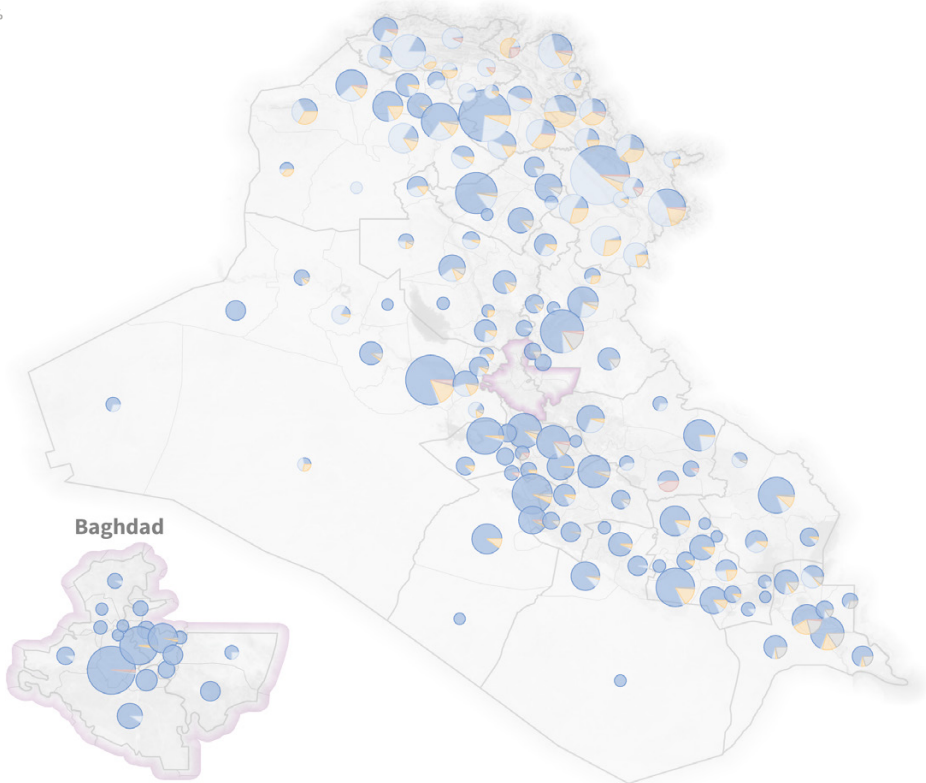
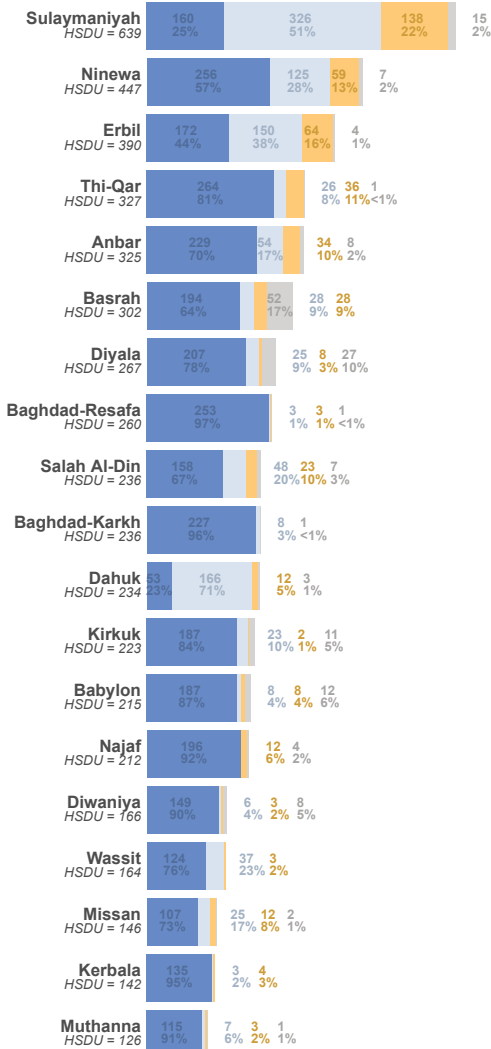
Availability of waste segregation²¹



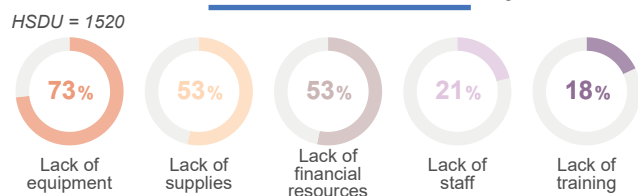
Availability of waste segregation by HSDU type



Availability of waste segregation by directorate of health

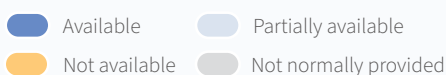


Main barriers to availability

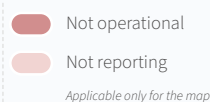
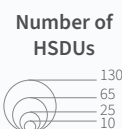


²¹ The availability of means to adhere to proper waste segregation practices in accordance with national standards. This includes availability of sufficient resources, supplies and training of staff. Waste segregation practices includes specific measures, such as the utilization of at least three leak-proof bins in the consultation area for waste segregation. Sharps containers must be puncture-proof, and bins designated for sharps waste and infectious waste should be equipped with lids to ensure safe and secure disposal.

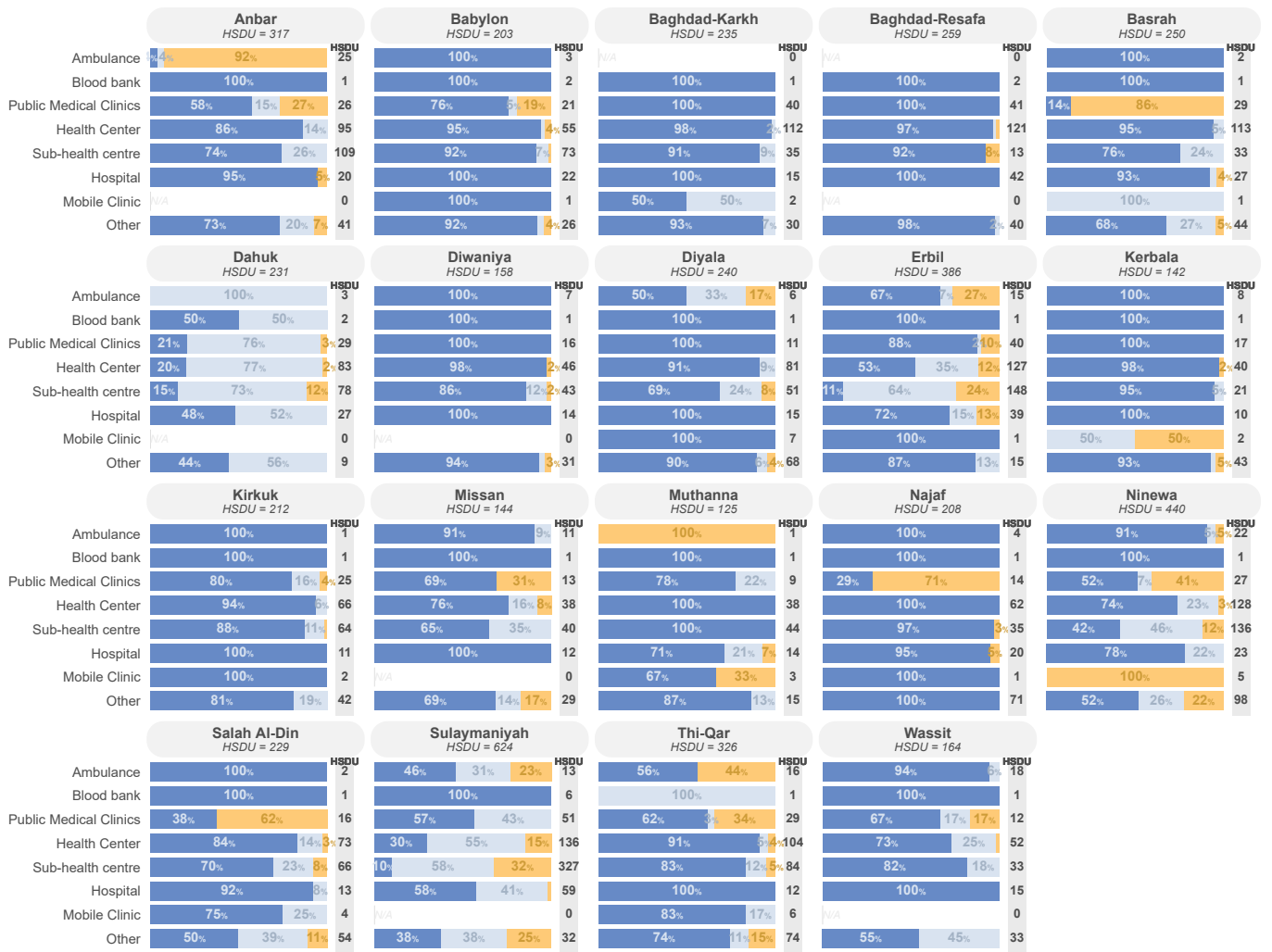
Availability status



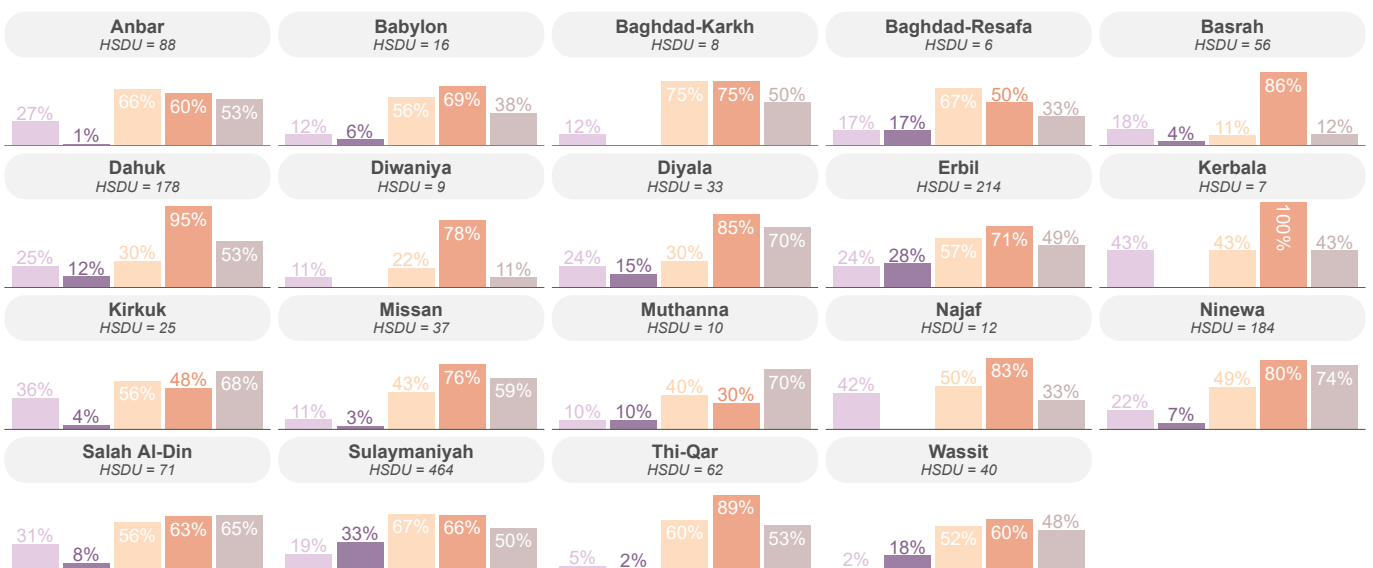
Maps



Availability of waste segregation by HSDU type and by directorate of health*








Main barriers to availability by directorate of health



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

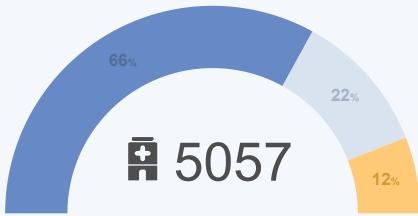
-  Lack of staff
-  Lack of training
-  Lack of supplies
-  Lack of equipment
-  Lack of financial resources

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

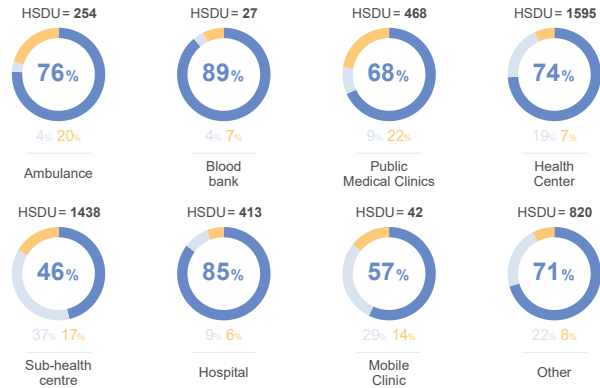


Final disposal of sharps

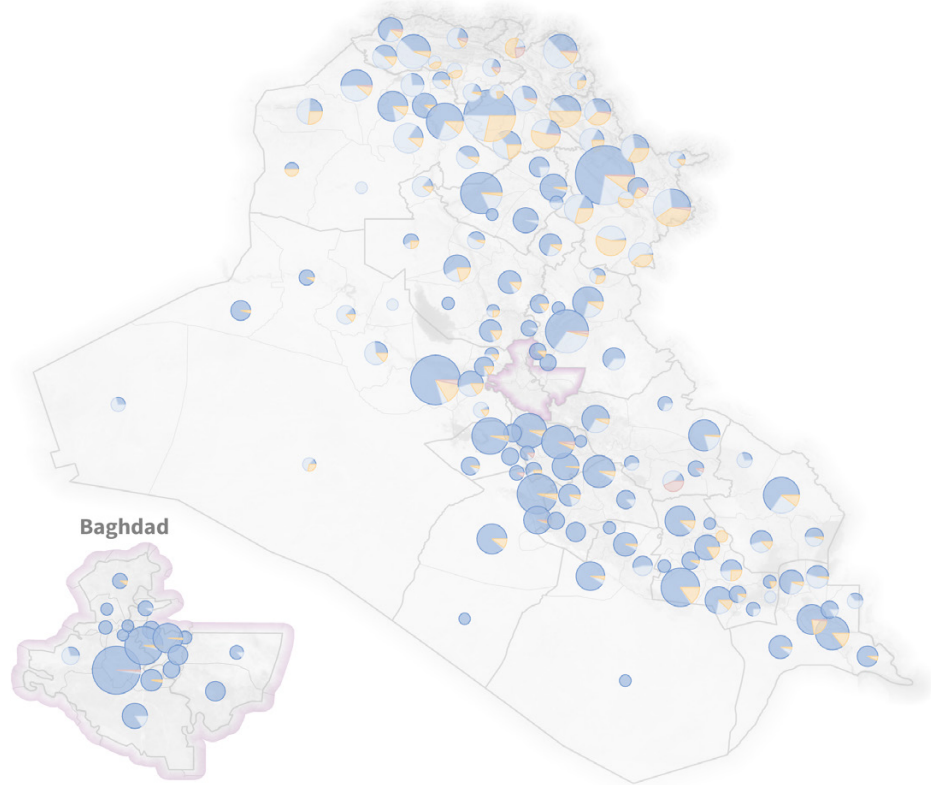
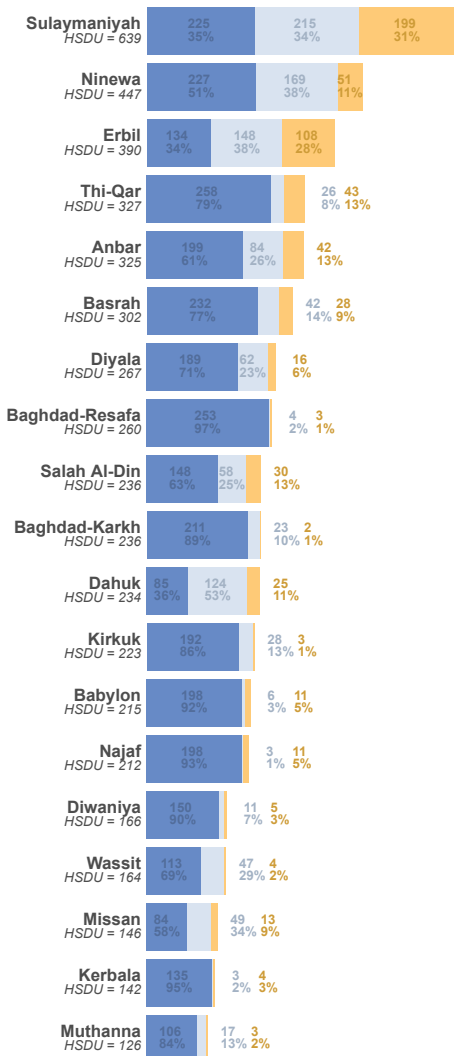
Availability of sharps disposal²²



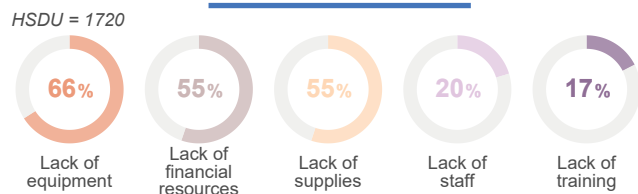
Availability of sharps disposal by HSDU type



Availability of sharps disposal by directorate of health

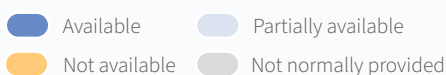


Main barriers to availability

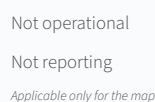
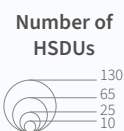


²² Refers to the availability of means to treat and safely dispose of all sharp waste. This includes availability of sufficient resources, supplies and training of staff. Safe treatment and disposal methods include incineration, autoclaving, and burial in a lined, protected pit. Sharps may also be collected and transported off-site for medical waste treatment and disposal.

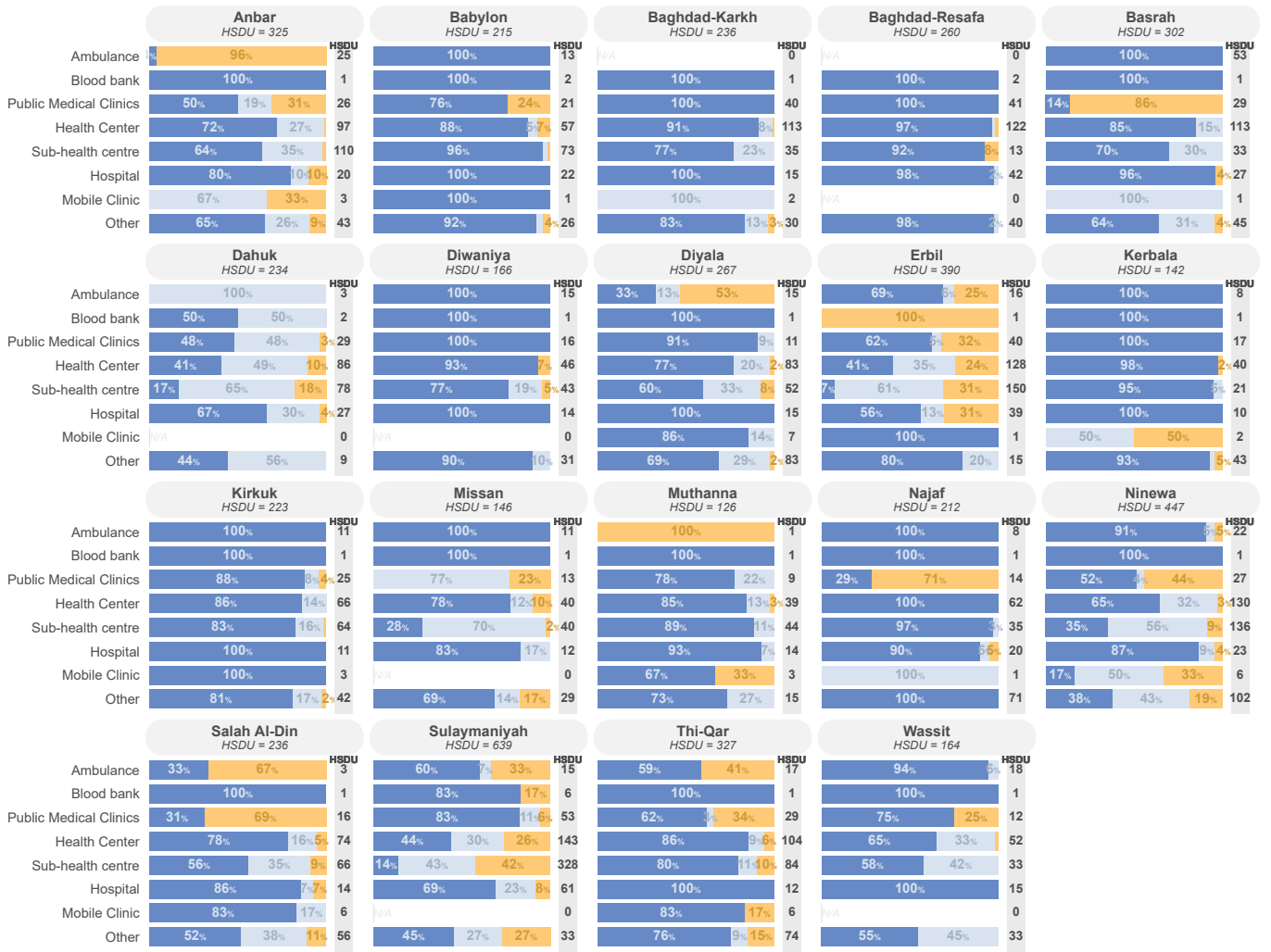
Availability status



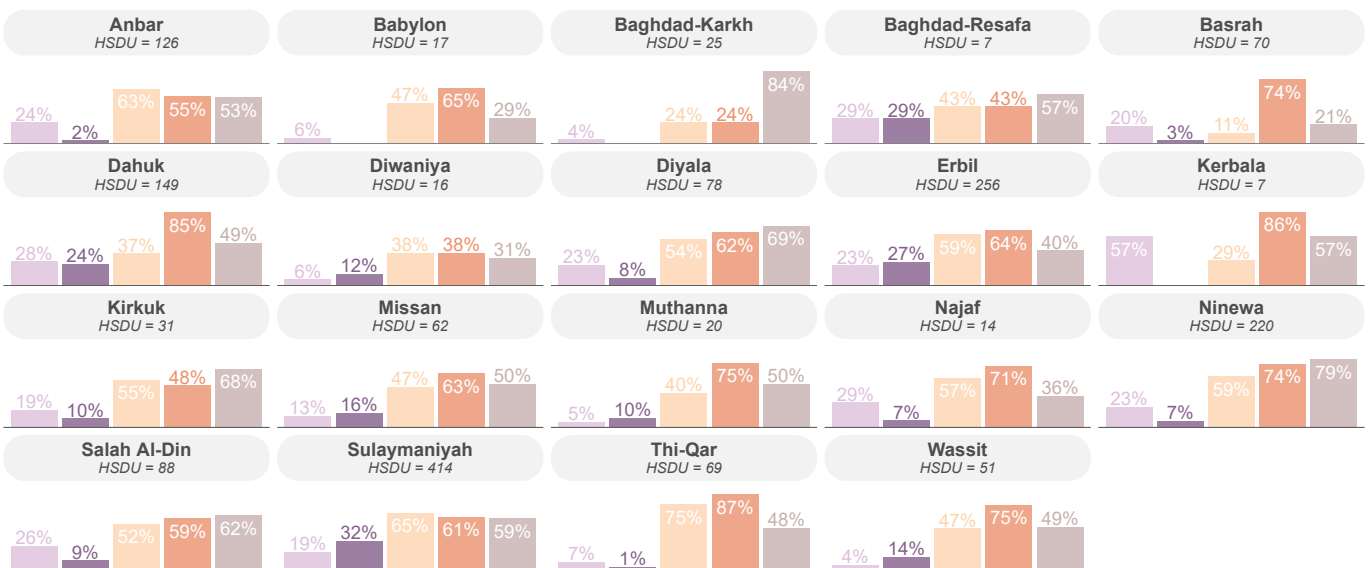
Maps



Availability of sharps disposal by HSDU type and by directorate of health








Main barriers to availability by directorate of health



Availability status

- Available
- Partially available
- Not available

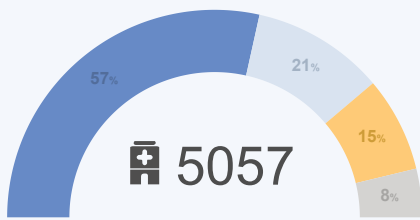
Barriers for partial availability or non-availability.

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

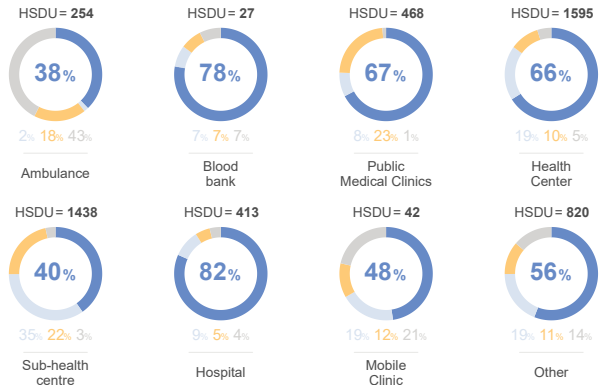


Final disposal of infectious waste

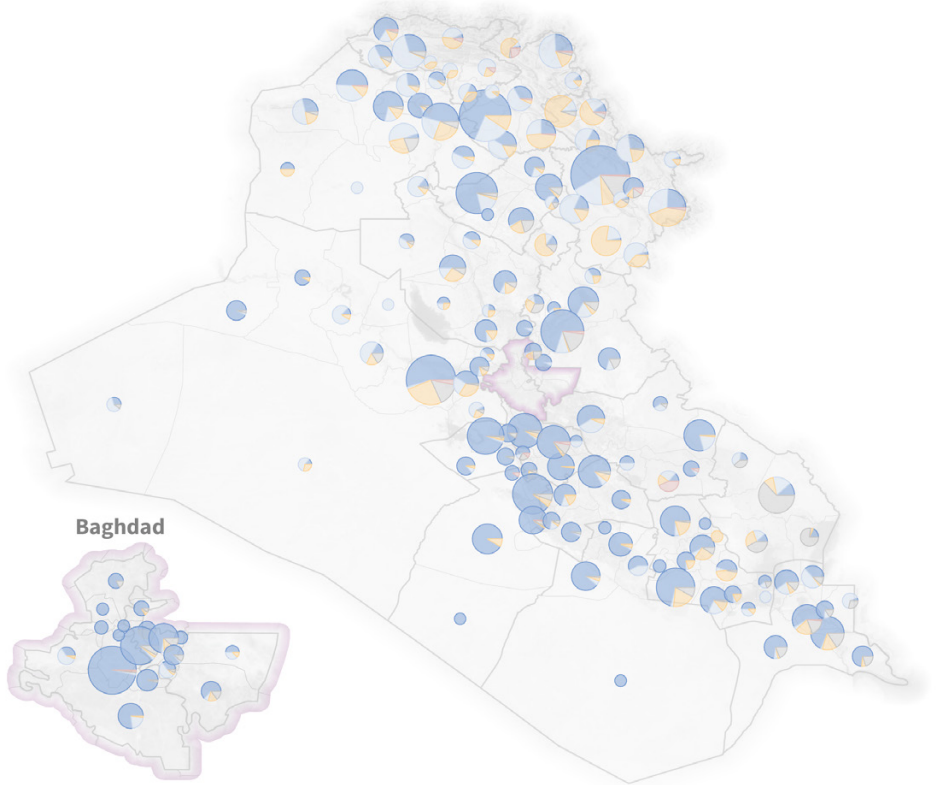
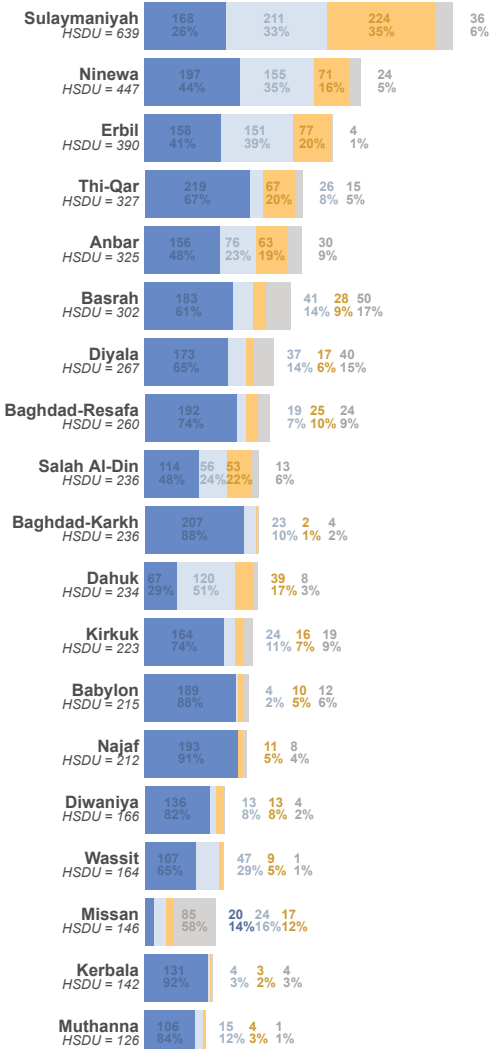
Availability of methods for final disposal of infectious waste²³



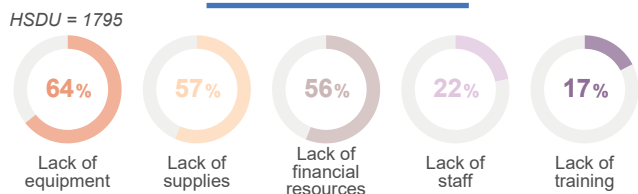
Availability of methods for final disposal of infectious waste by HSDU type



Availability of methods for final disposal of infectious waste by directorate of health

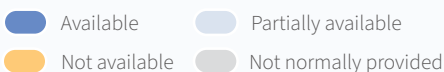


Main barriers to availability

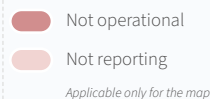
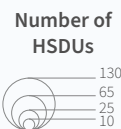


²³ Refers to the availability of means to treat and safely dispose of all infectious waste. This includes availability of sufficient resources, supplies and training of staff. Safe treatment and disposal methods include incineration, autoclaving, and burial in a lined, protected pit. Infectious wastes may also be collected and transported off-site for medical waste treatment and disposal.

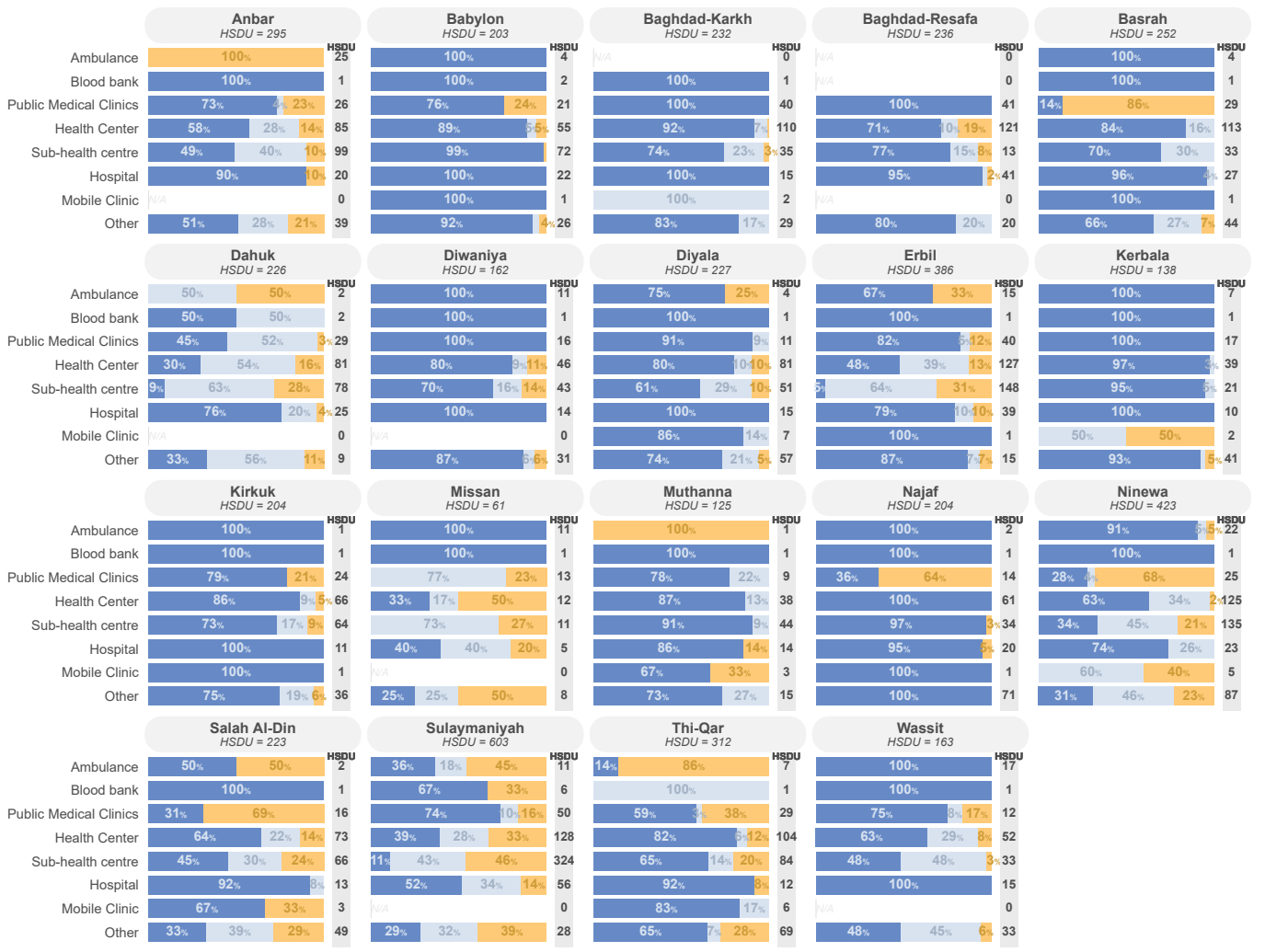
Availability status



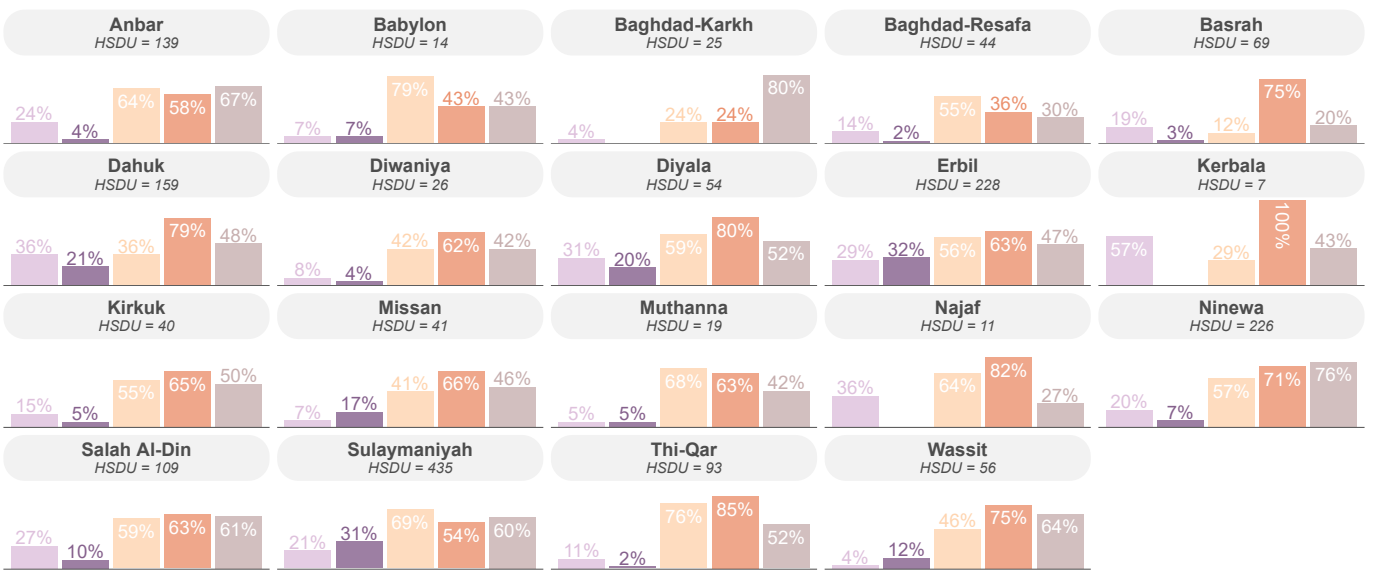
Maps



Availability of methods for final disposal of infectious waste by HSDU type and by directorate of health*








Main barriers to availability by directorate of health



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

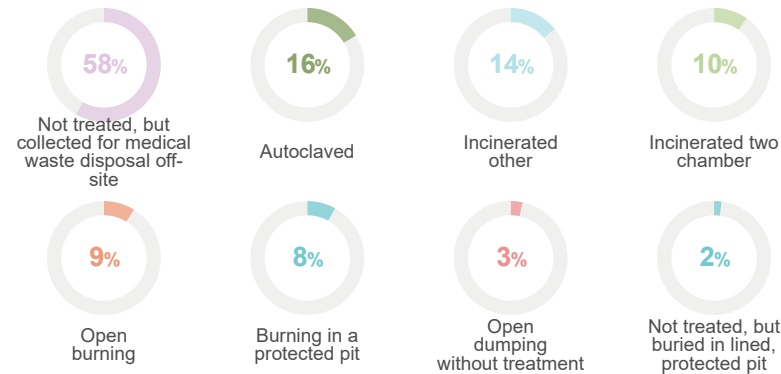
-  Lack of staff
-  Lack of training
-  Lack of supplies
-  Lack of equipment
-  Lack of financial resources

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



Waste management methods

HSDU = 4556



Waste management methods by directorate of health

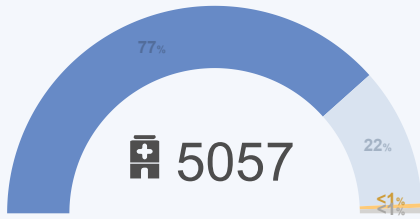




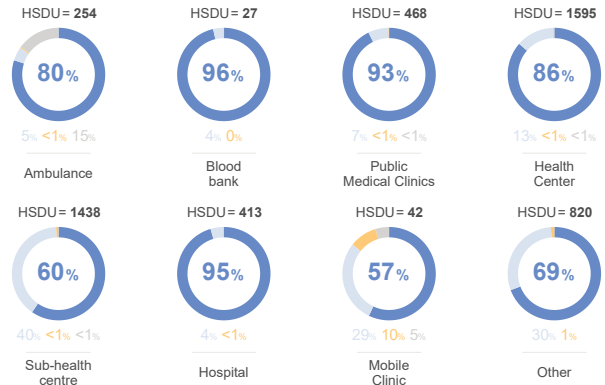


POWER AVAILABILITY

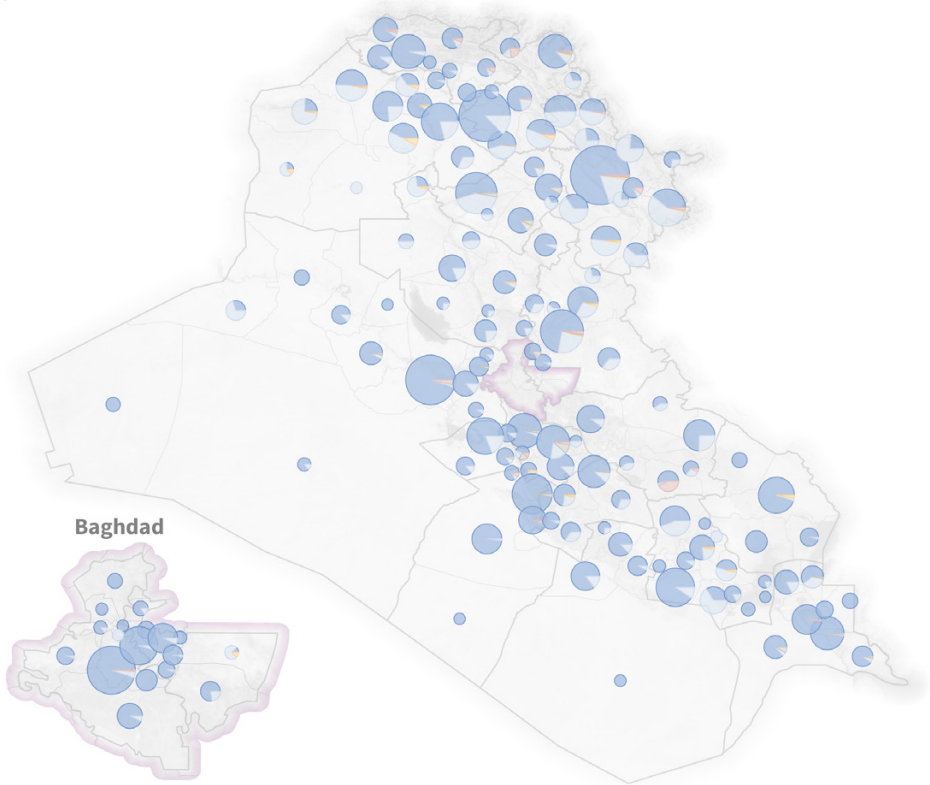
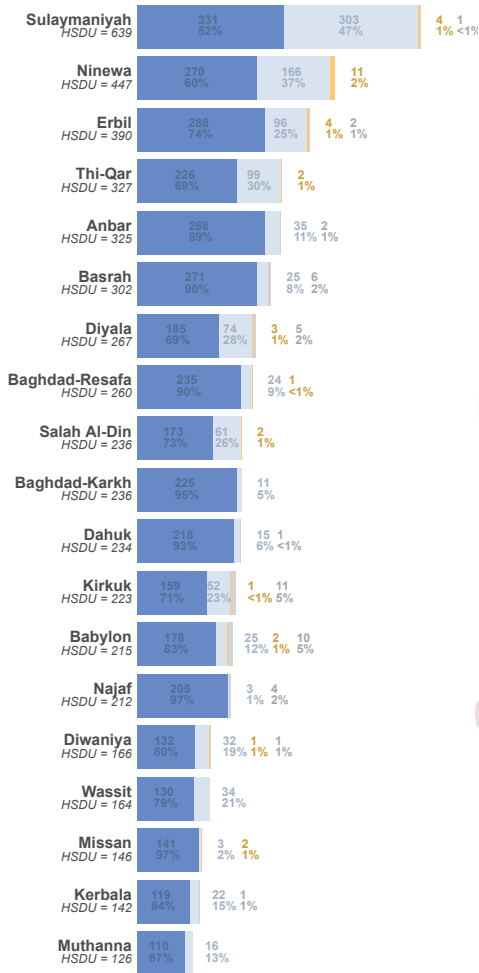
Power availability²⁴



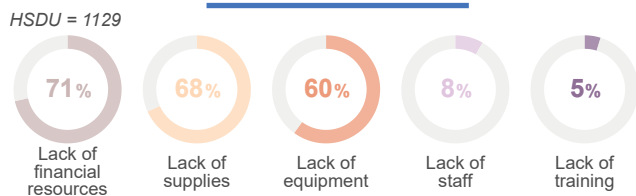
Power availability by HSDU type



Power availability by directorate of health

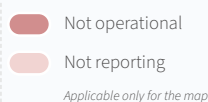
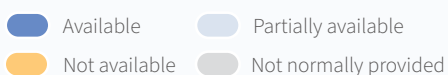


Main barriers to availability

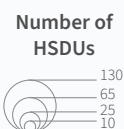


²⁴ Refers to the availability of reliant and sufficient electricity to meet the daily demand of the HSDU. Note, disruptions or unreliability of national power networks is considered as a lack of supplies.

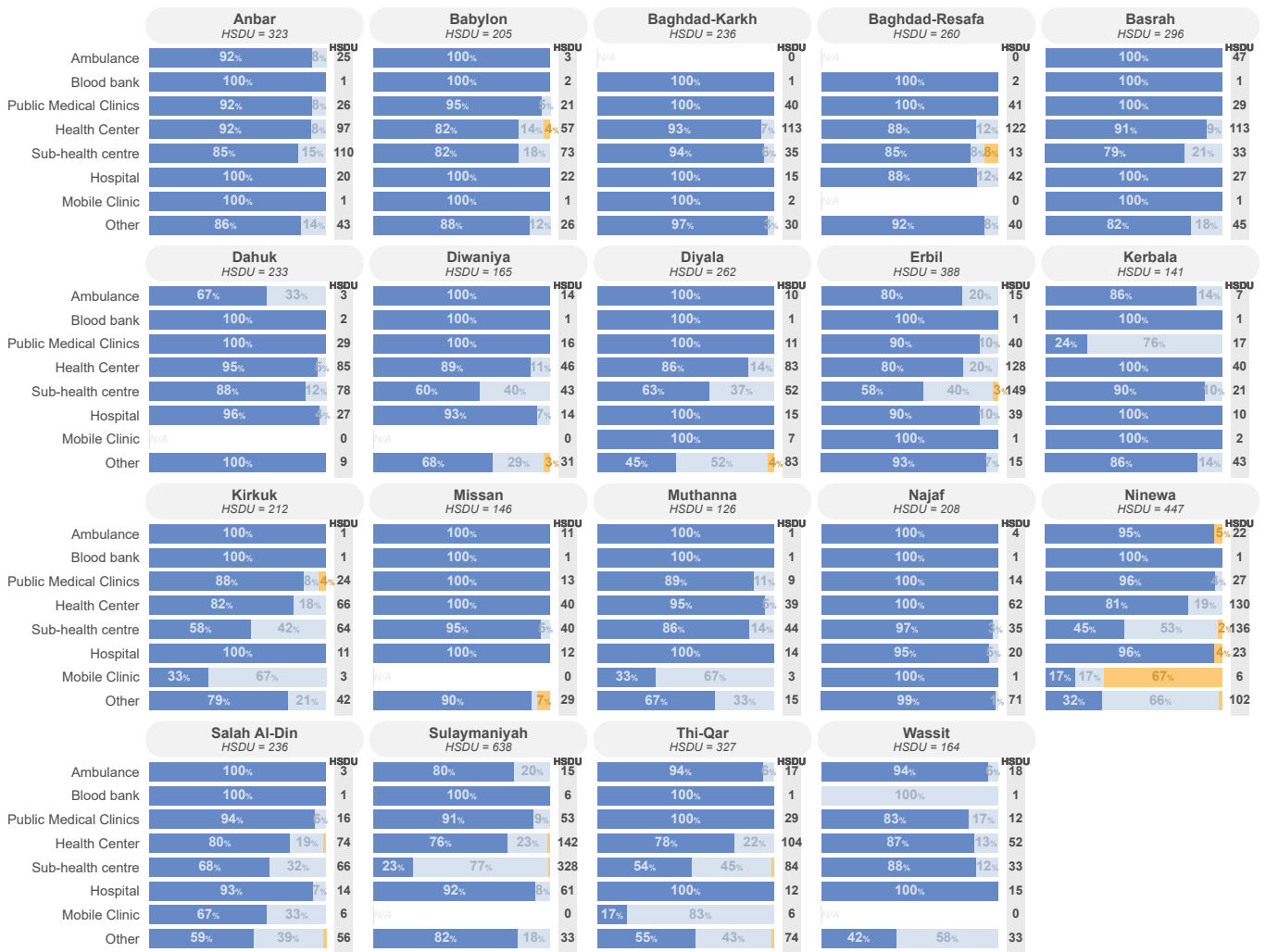
Availability status



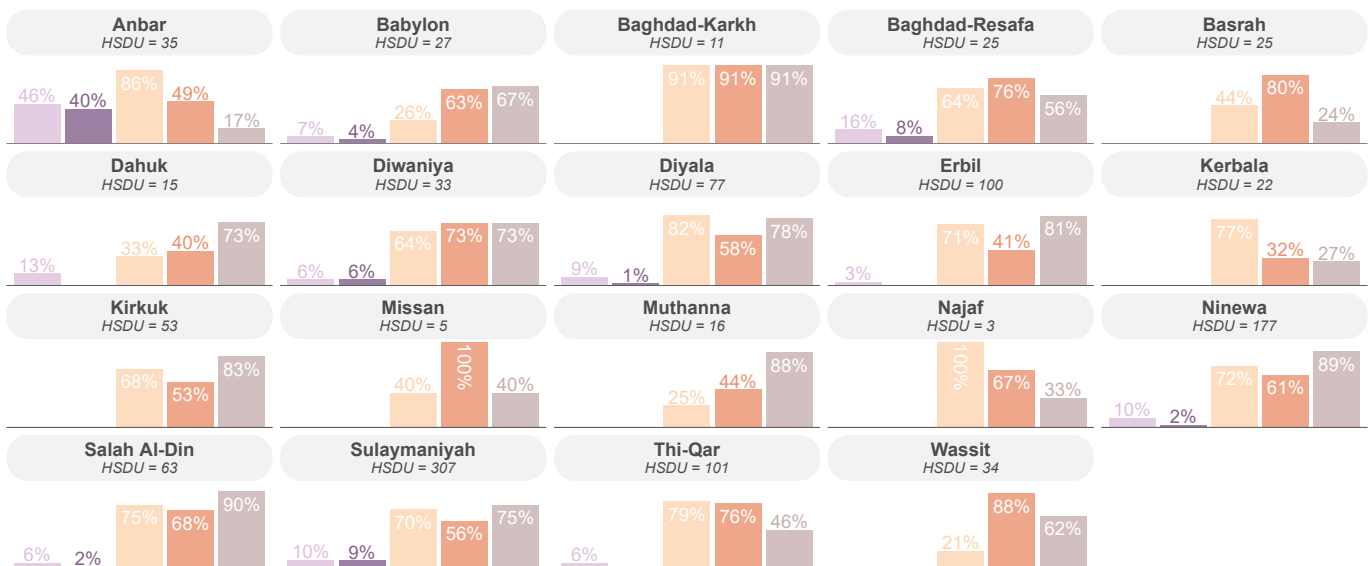
Maps



Power availability by HSDU type and by directorate of health*



Main barriers to availability by directorate of health



Availability status

- Available (Dark Blue)
- Partially available (Light Blue)
- Not available (Yellow)

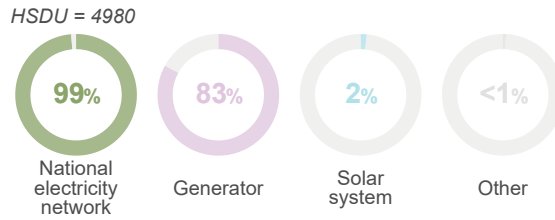
Barriers for partial availability or non-availability.

- Lack of staff (Person icon)
- Lack of supplies (Box icon)
- Lack of financial resources (Dollar sign icon)
- Lack of training (Person with book icon)
- Lack of equipment (Wrench icon)

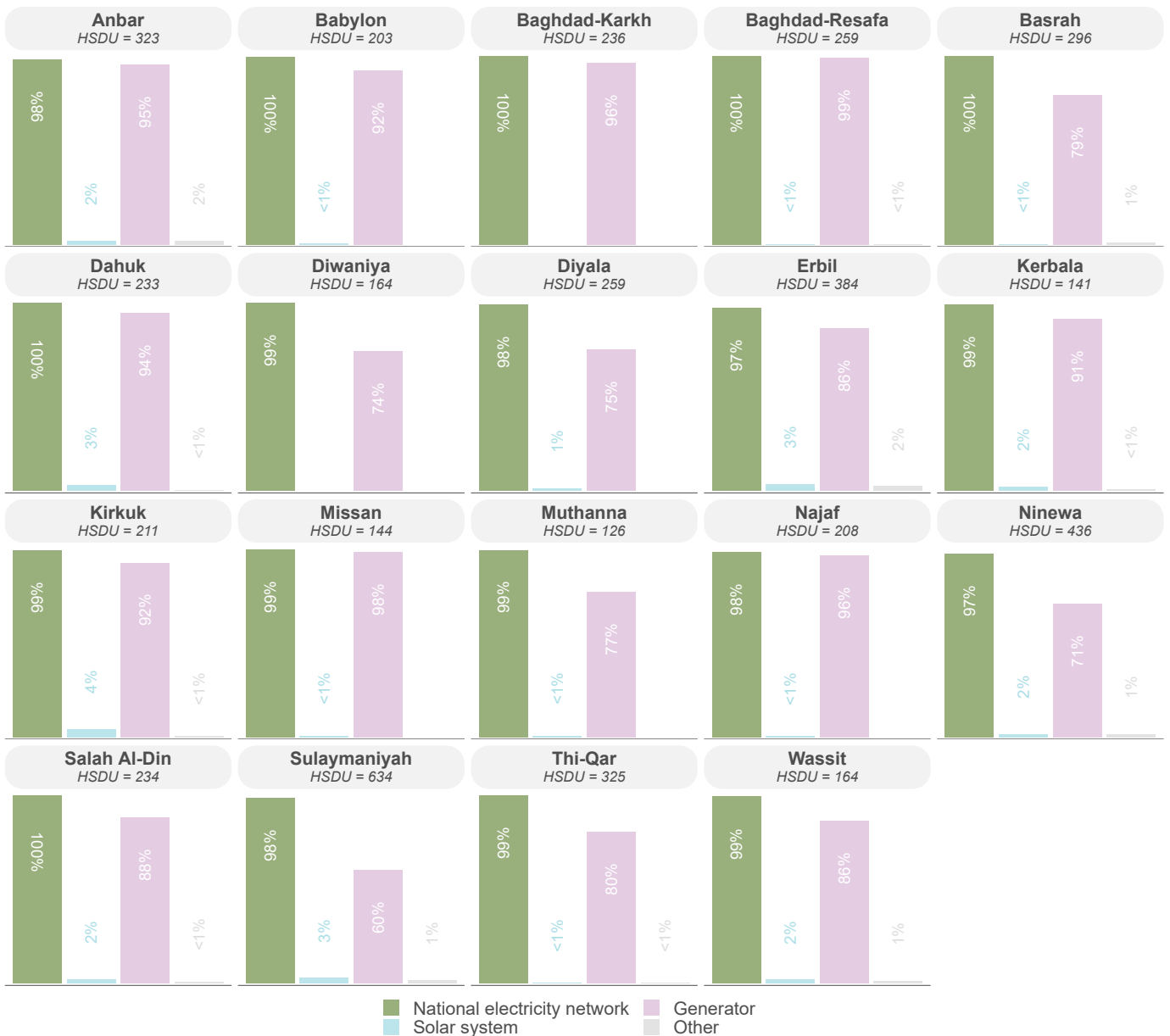
* HSDUs that do not normally provide the service are excluded from this chart.



Main power sources



Main power sources by directorate of health

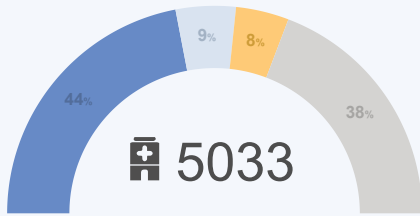




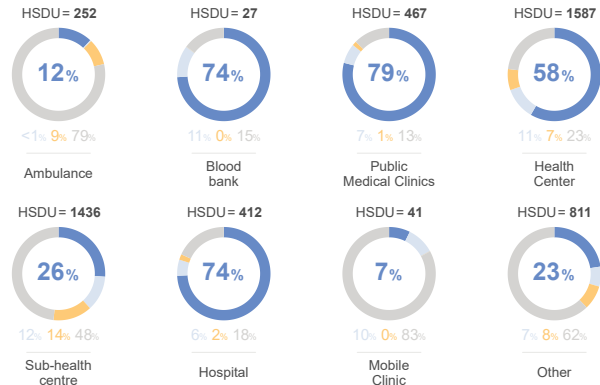


COLD CHAIN FOR MEDICINE

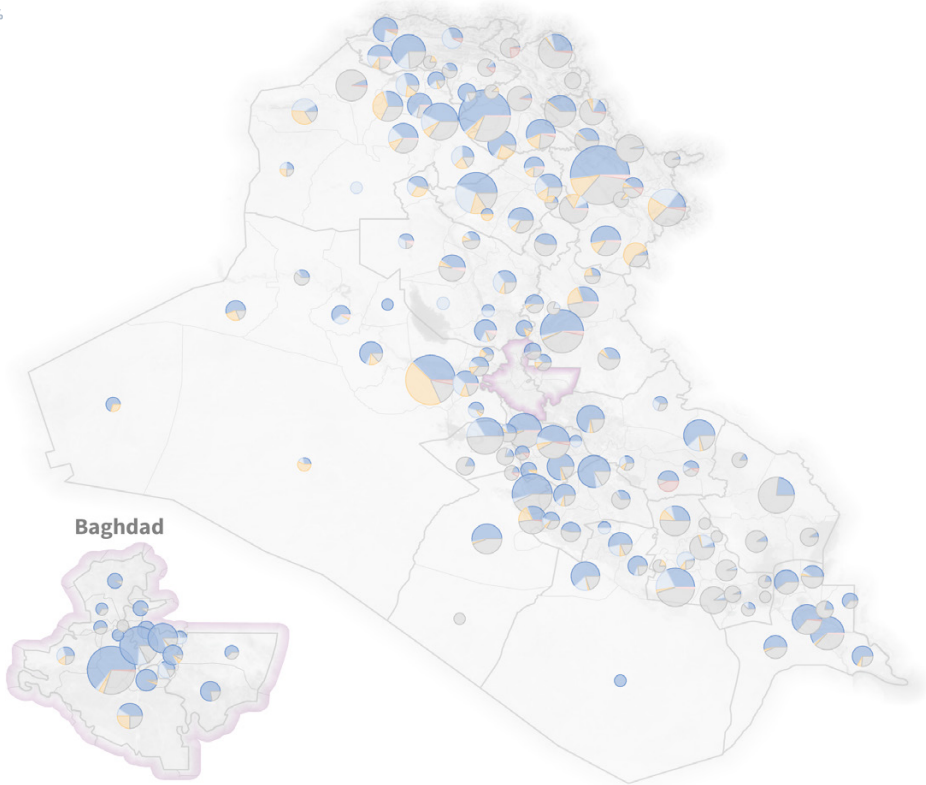
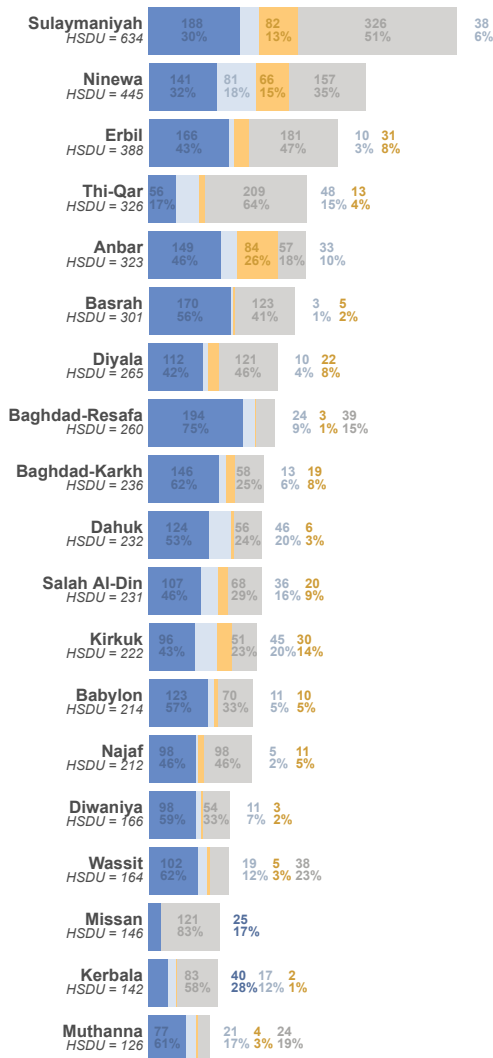
Availability of cold chain for medicine ²⁵



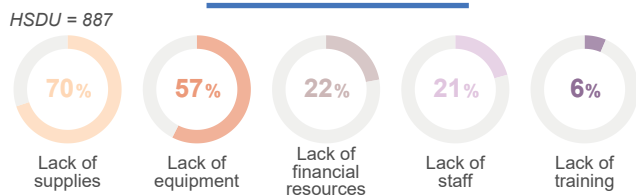
Availability of cold chain for medicine HSDU type



Availability of cold chain for medicine by directorate of health

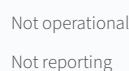
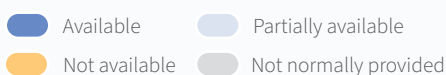


Main barriers impeding service delivery



²⁵ Health facility has a cooling chain enough for the drugs (treatments, chronic medicines, etc.).

Availability status



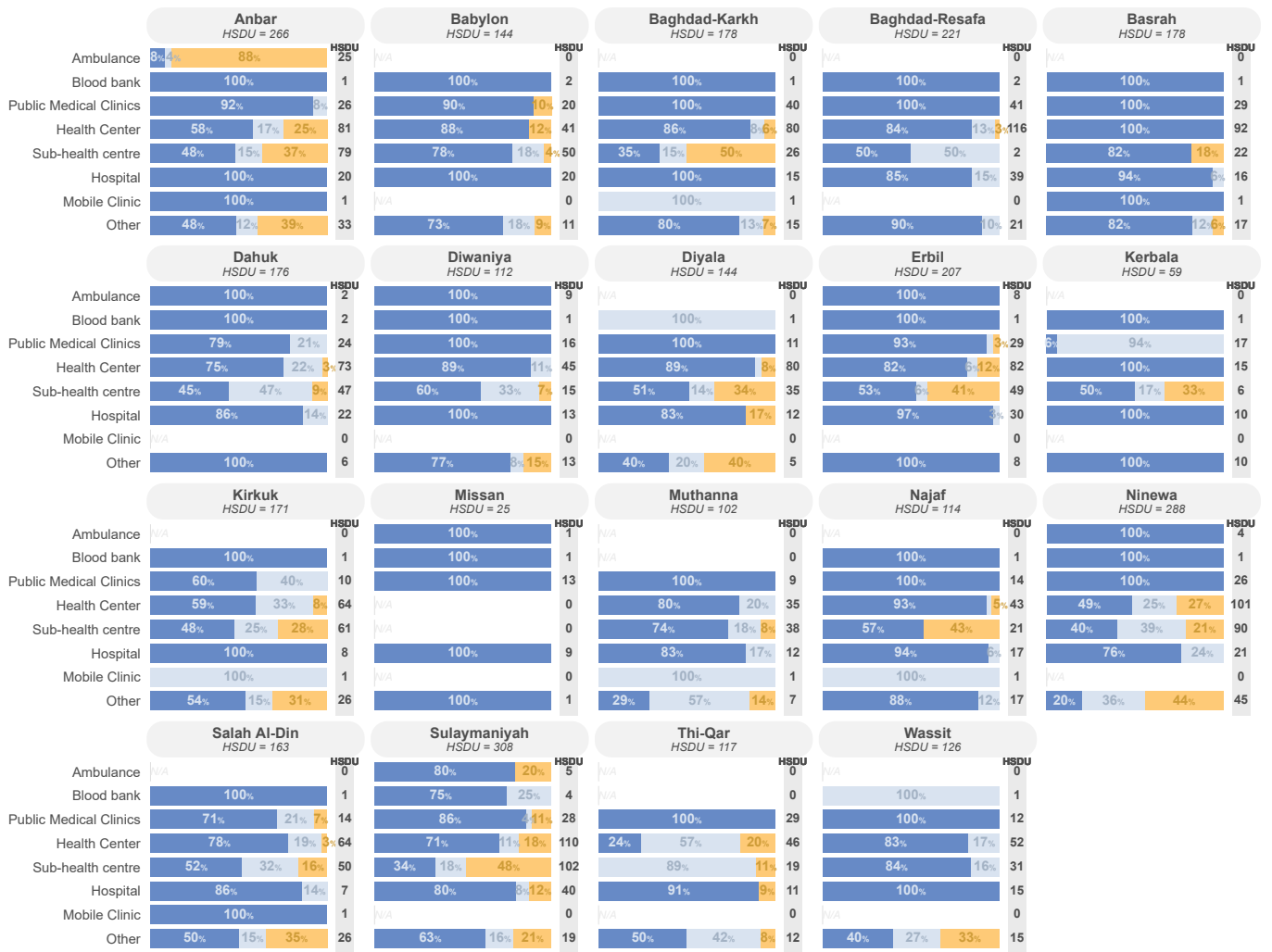
Applicable only for the map

Maps

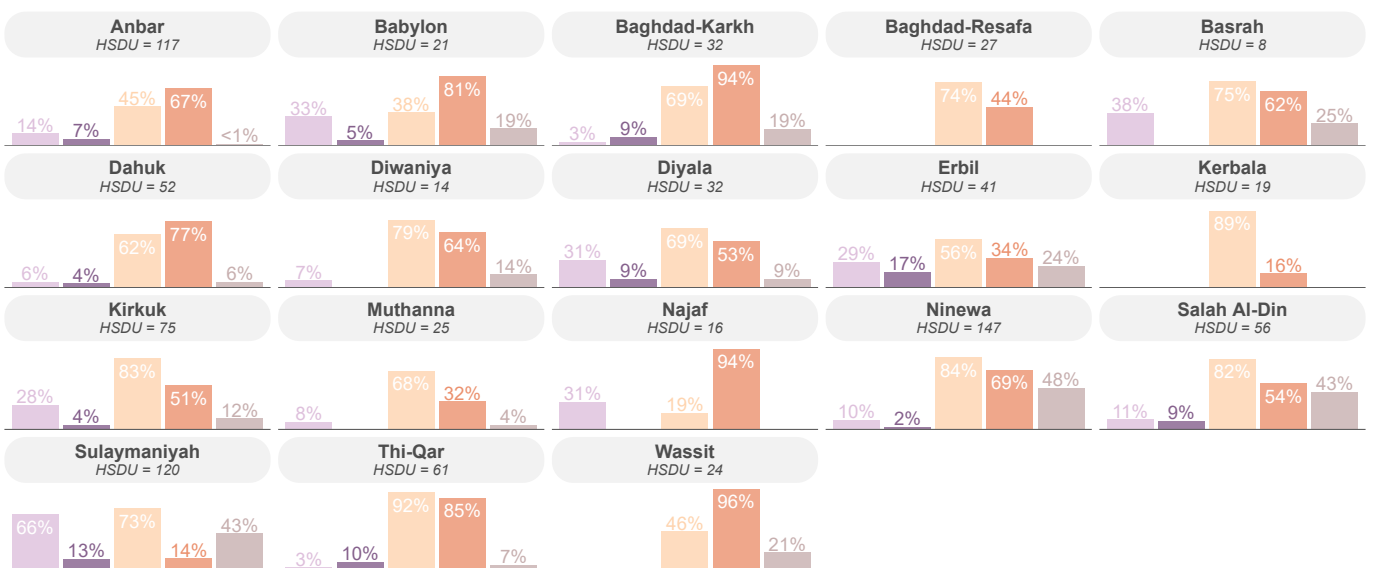
Number of HSDUs



Availability of cold chain for medicine 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.

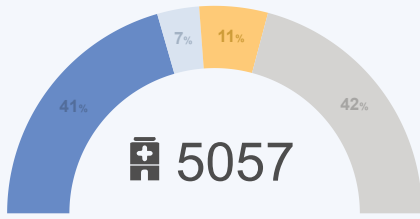
-  Lack of staff
-  Lack of supplies
-  Lack of financial resources
-  Lack of training
-  Lack of equipment

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

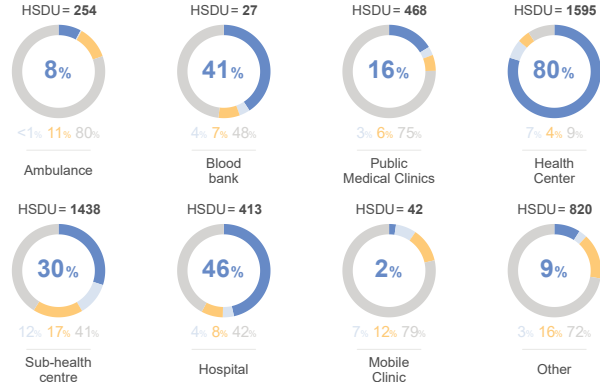


COLD CHAIN

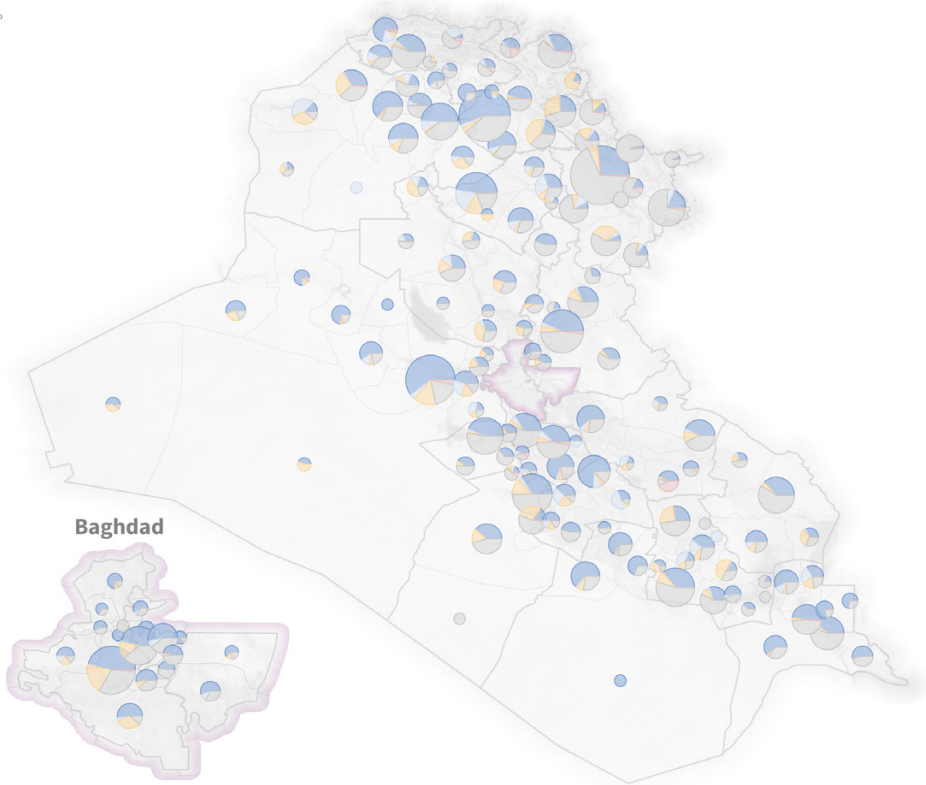
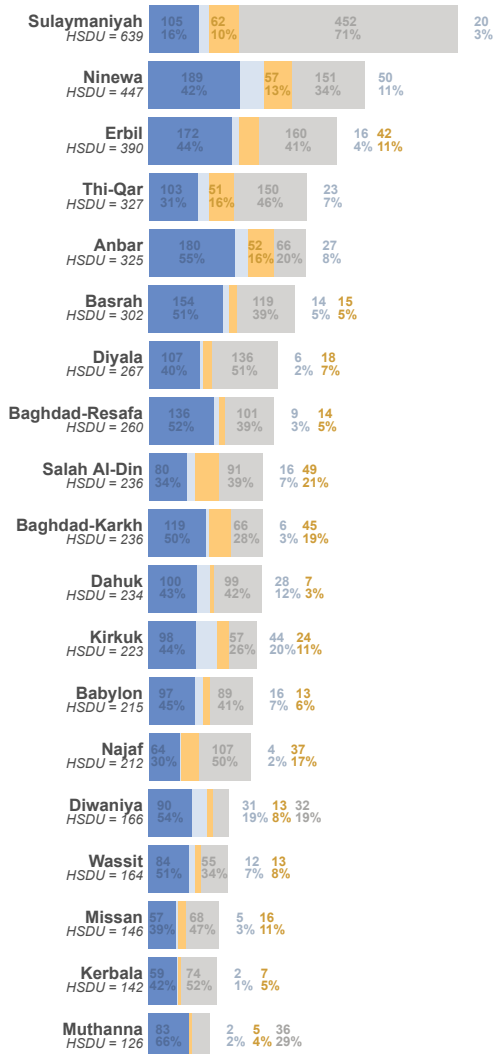
Cold chain availability²⁶



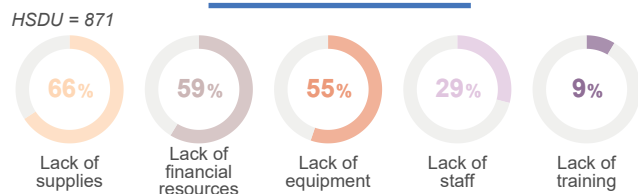
Cold chain availability by HSDU type



Cold chain availability by directorate of health

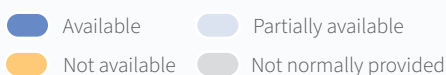


Main barriers to availability

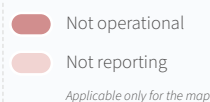
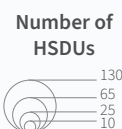


²⁶ Refers to the availability of a functioning cold chain with sufficient capacity to meet the HSDUs demand. This includes the availability of sufficient equipment to store vaccines (e.g., refrigerators, cold boxes, vaccine carriers, etc.) and sufficiency and reliability of the power source.

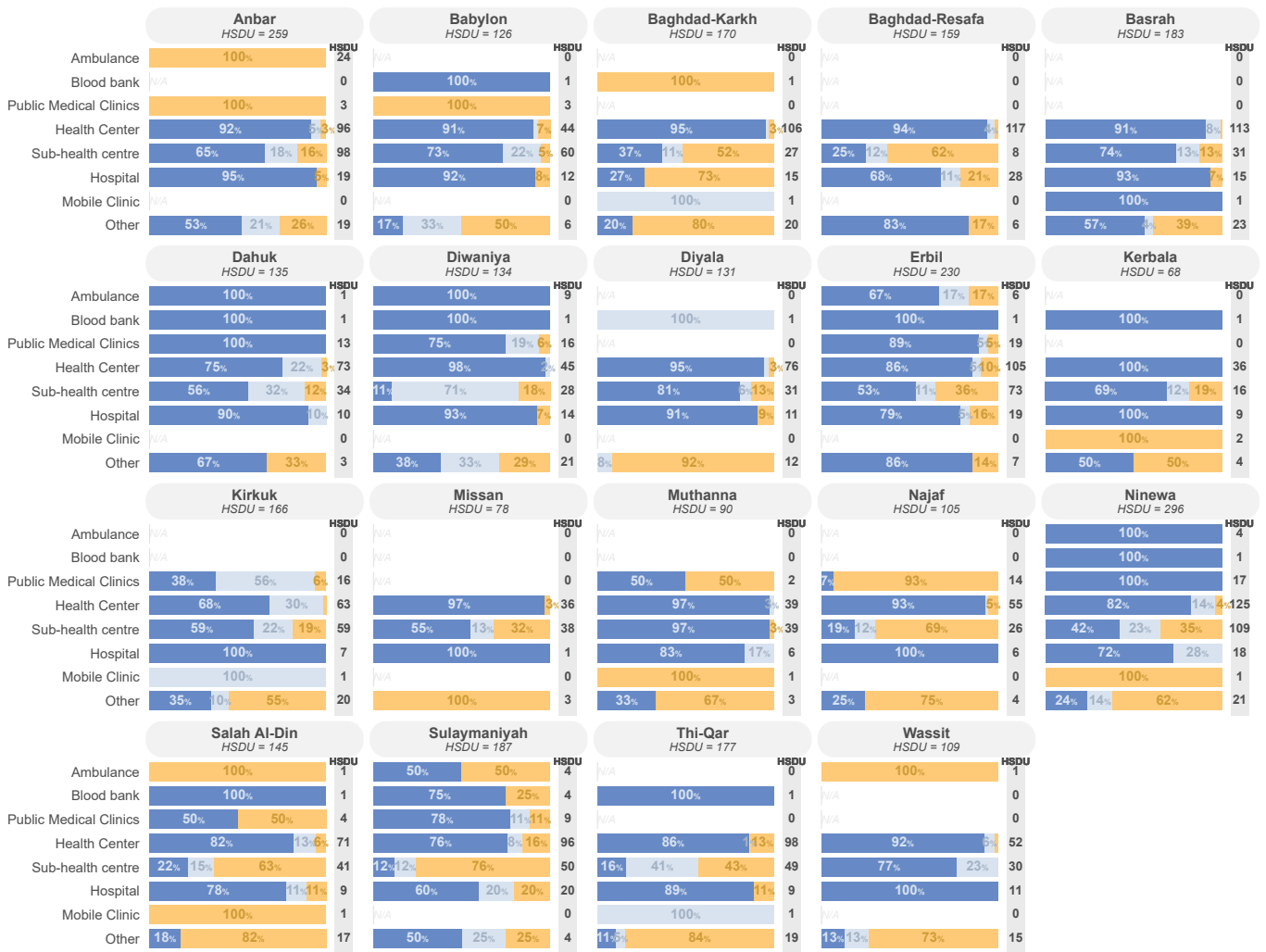
Availability status



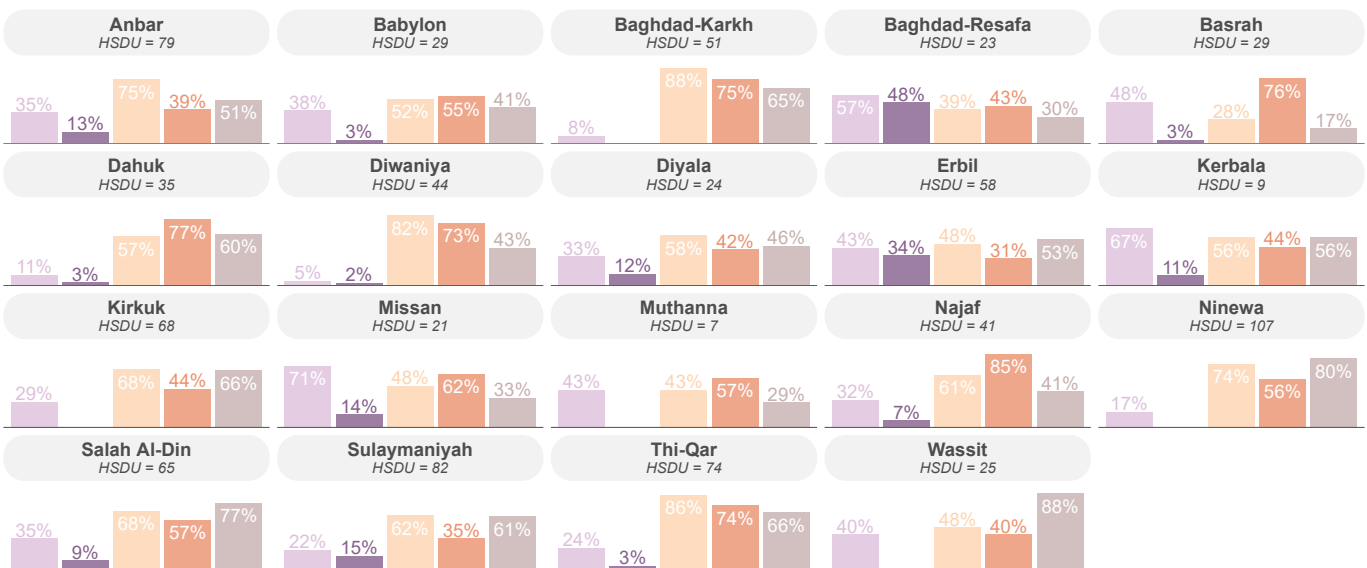
Maps



Cold chain availability by HSDU type and by directorate of health*








Main barriers to availability by directorate of health



Availability status

- Available
- Partially available
- Not available

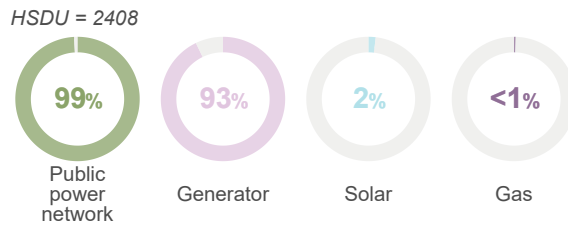
Barriers for partial availability or non-availability.

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

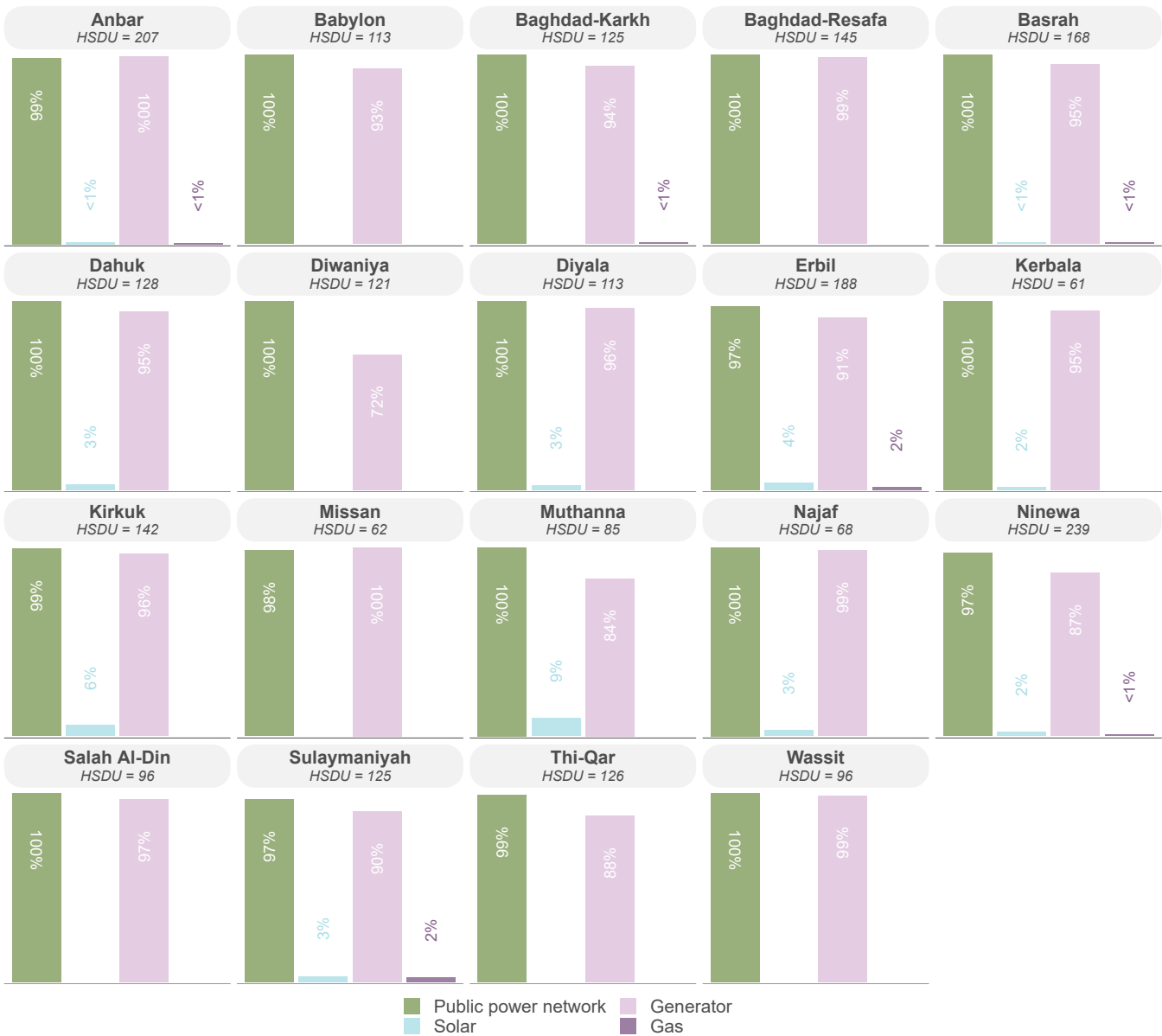
* HSDUs that do not normally provide the service are excluded from this chart.



Cold chain power sources



Cold chain power sources by directorate of health

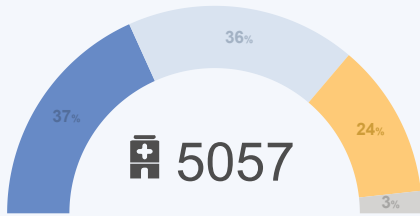






COMMUNICATIONS EQUIPMENT

Communication equipment availability²⁷

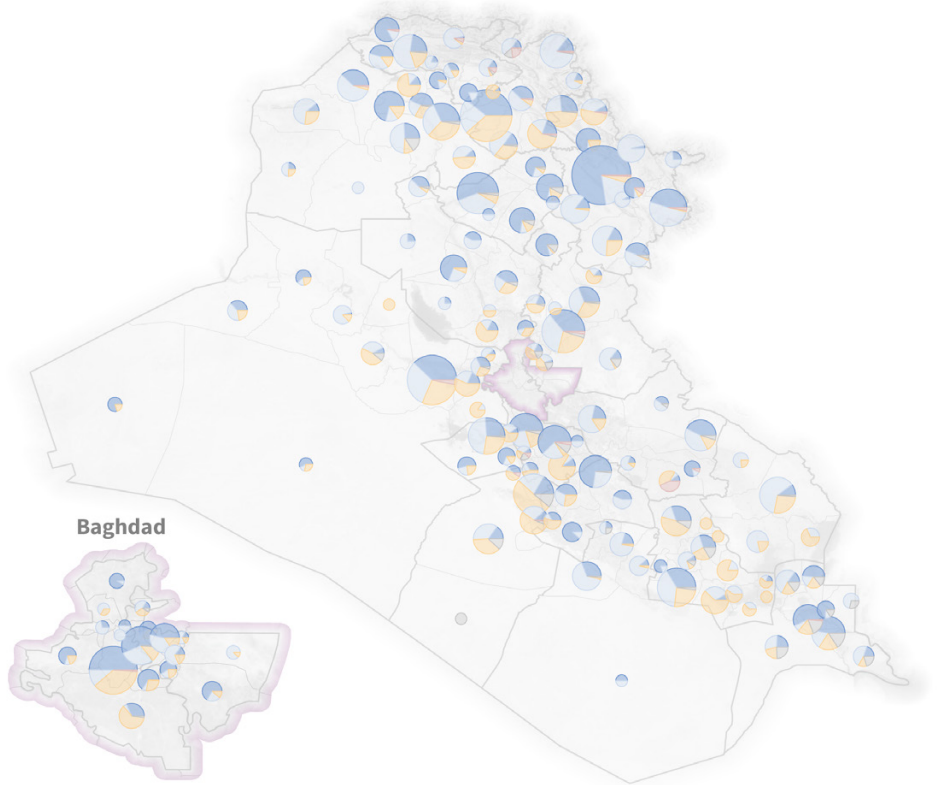
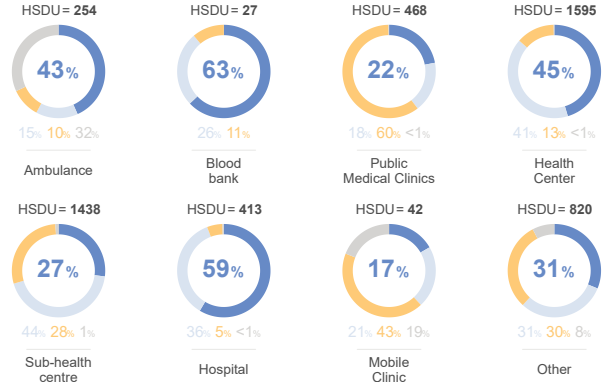


5057

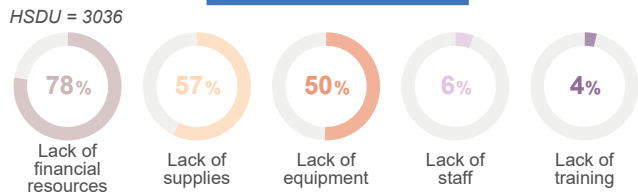
Communication equipment availability by directorate of health

Directorate of Health	HSDU	Available	Partially available	Not available	Not normally provided
Sulaymaniyah	639	269 (42%)	279 (44%)	88 (14%)	3 (<1%)
Ninewa	447	165 (37%)	163 (36%)	117 (26%)	12 (3%)
Erbil	390	103 (26%)	168 (43%)	112 (29%)	7 (2%)
Thi-Qar	327	71 (22%)	102 (31%)	138 (42%)	16 (5%)
Anbar	325	97 (30%)	109 (34%)	114 (35%)	5 (2%)
Basrah	302	118 (39%)	81 (27%)	54 (18%)	49 (16%)
Diyala	267	70 (26%)	102 (38%)	79 (30%)	16 (6%)
Baghdad-Resafa	260	121 (47%)	92 (35%)	45 (17%)	2 (1%)
Salah Al-Din	236	112 (47%)	71 (30%)	46 (19%)	7 (3%)
Baghdad-Karkh	236	121 (51%)	85 (36%)	29 (12%)	1 (<1%)
Dahuk	234	94 (40%)	115 (49%)	23 (10%)	2 (1%)
Kirkuk	223	143 (64%)	50 (22%)	20 (9%)	10 (4%)
Babylon	215	93 (43%)	65 (30%)	46 (21%)	11 (5%)
Najaf	212	57 (27%)	101 (48%)	34 (16%)	20 (9%)
Diwaniya	166	101 (61%)	45 (27%)	19 (11%)	1 (1%)
Wassit	164	58 (35%)	73 (45%)	29 (18%)	4 (2%)
Missan	146	91 (62%)	8 (5%)	46 (32%)	1 (1%)
Kerbala	142	51 (36%)	48 (34%)	42 (30%)	1 (1%)
Muthanna	126	91 (72%)	30 (24%)	3 (2%)	2 (2%)

Communication equipment availability by HSDU type



Main barriers to availability



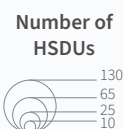
²⁷ Refers to the availability of means to communicate with other stakeholders. This includes availability and functionality of required equipment (phone, computer, etc.), required supplies (continuous network availability) and funds (e.g., to purchase mobile data). Note, disruptions or unreliability of network is reported under lack of supplies.

Availability status

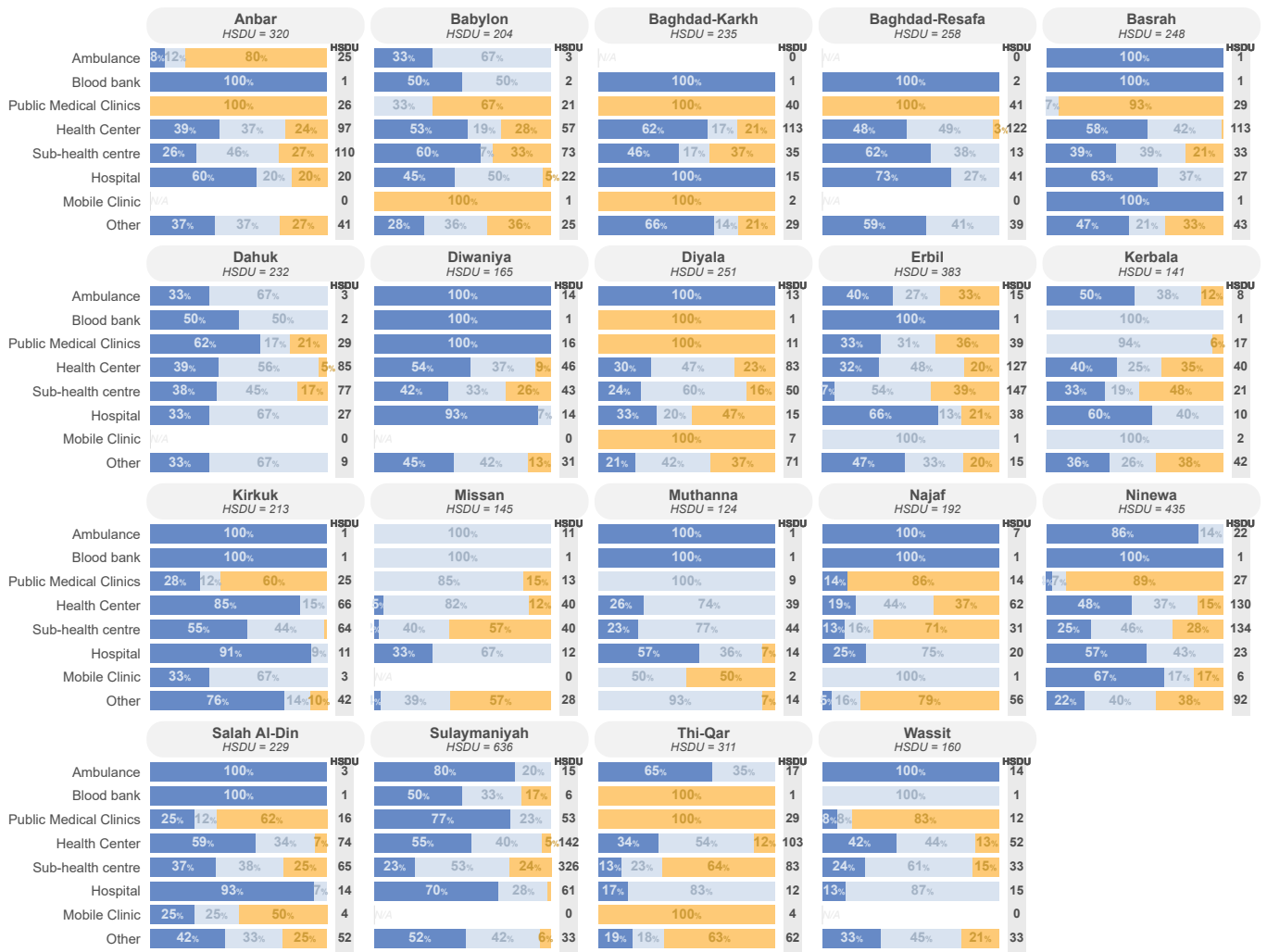
- Available
- Partially available
- Not available
- Not normally provided

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

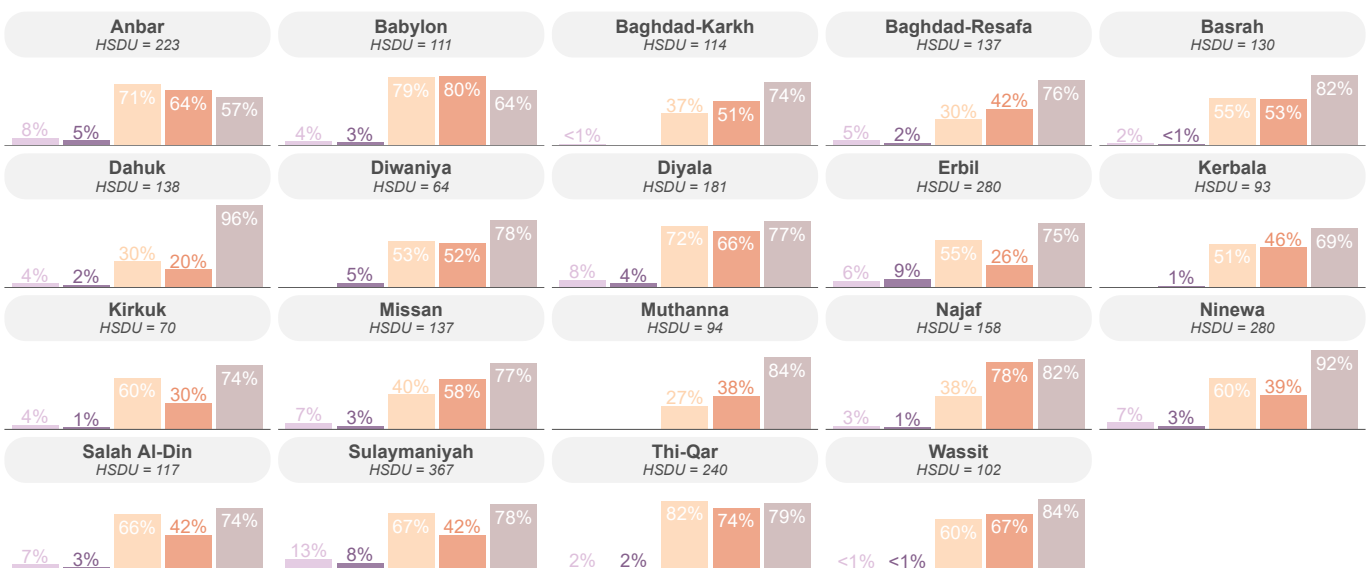
Maps



Communication equipment availability by HSDU type and by directorate of health*








Main barriers to availability by directorate of health



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

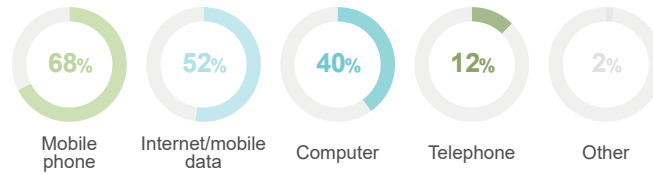
-  Lack of staff
-  Lack of training
-  Lack of supplies
-  Lack of equipment
-  Lack of financial resources

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



Type of communication equipment available

HSDU = 3661



Type of communication equipment available by directorate of health



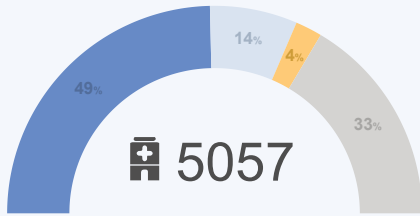




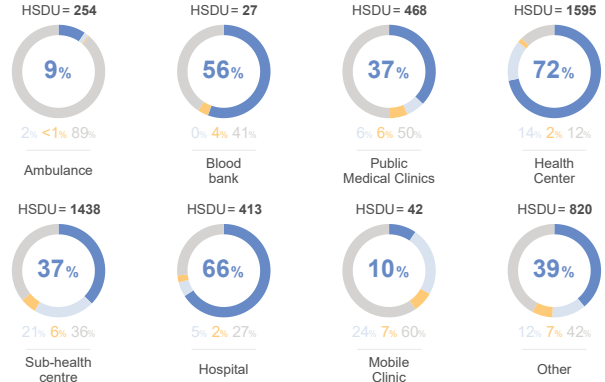
HEALTH MANAGEMENT INFORMATION SYSTEM

Health Electronic Records

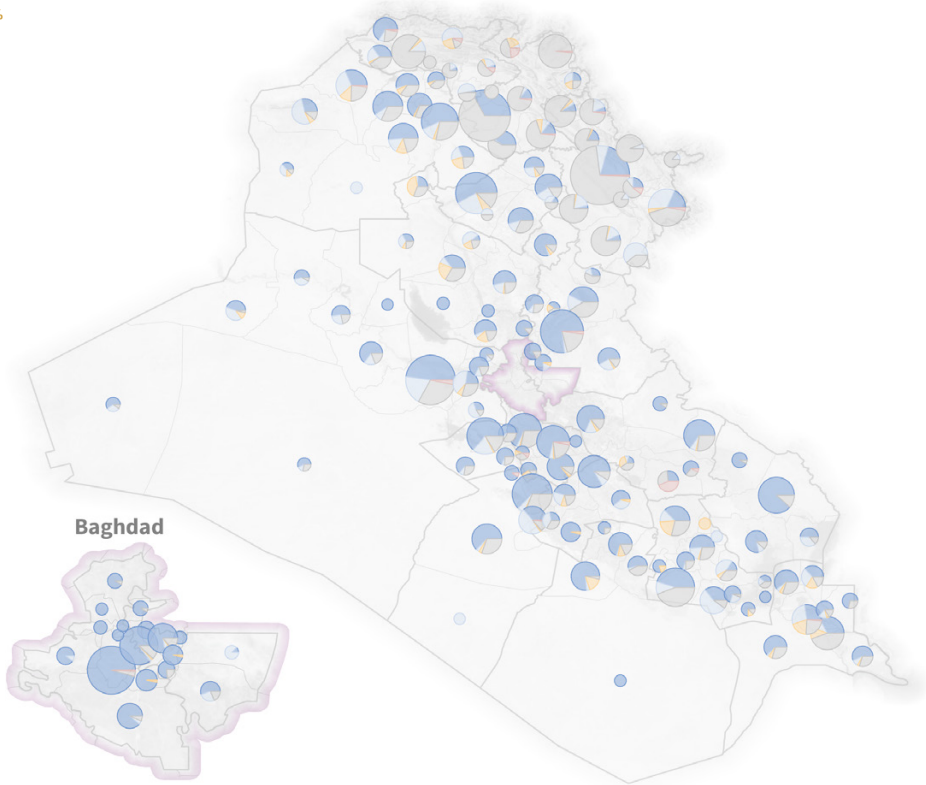
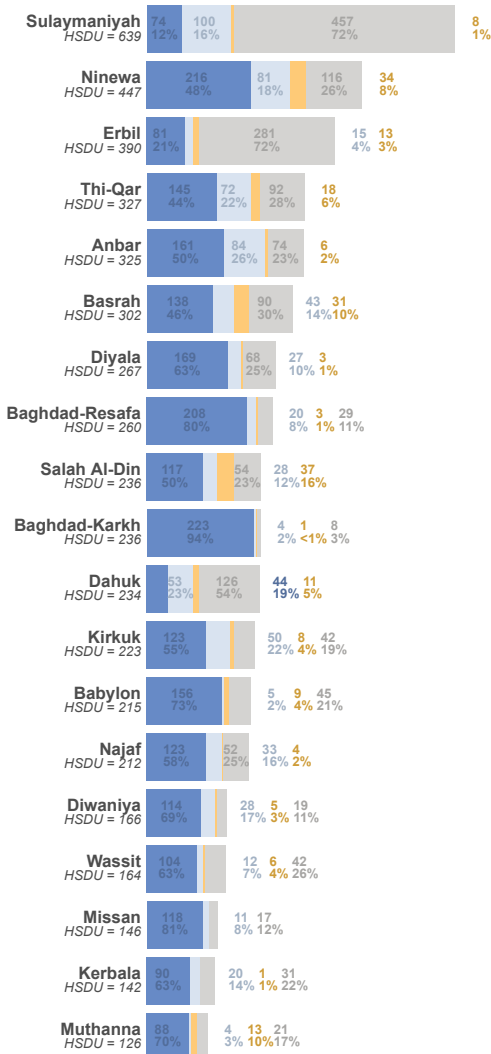
Availability of health records²⁹



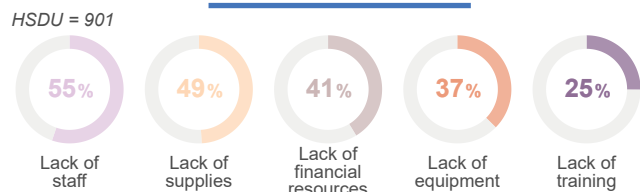
Availability of health records by HSDU type



Availability of health records by directorate of health

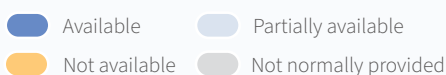


Main barriers to availability

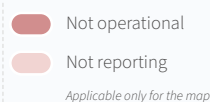


²⁹ Periodic epidemiological reporting systems (daily-weekly-monthly) are available at the facility level. For an HSDU to effectively complete reporting duties, required resources such as equipment, supplies, and human resources must be available in sufficient quantity and quality.

Availability status



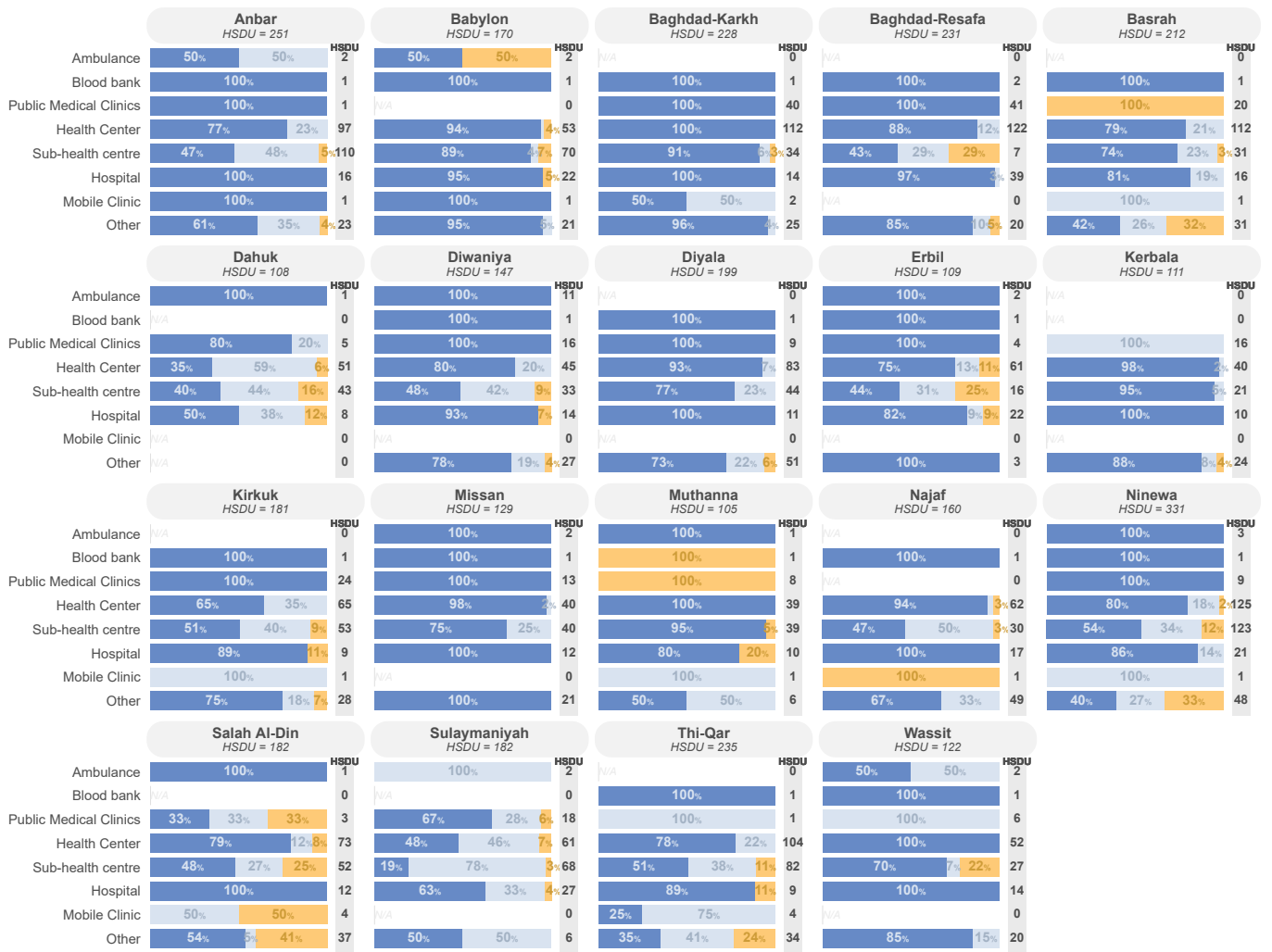
Maps



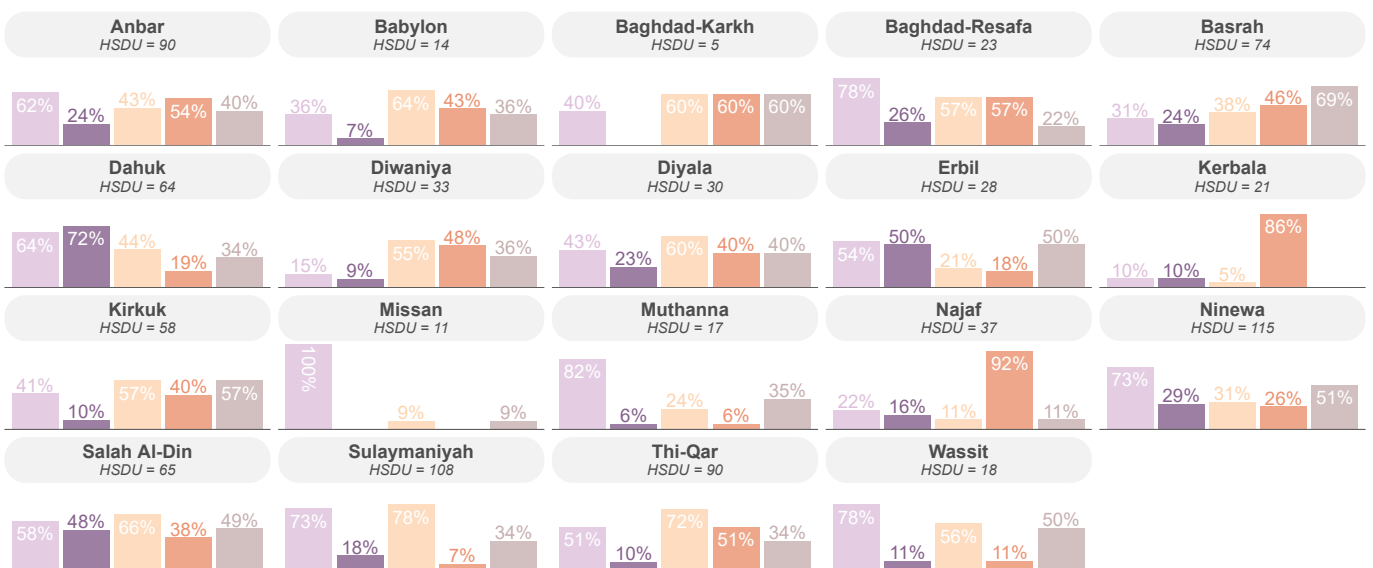
Number of HSDUs



Availability of health records by HSDU type and by directorate of health*








Main barriers to availability by directorate of health



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

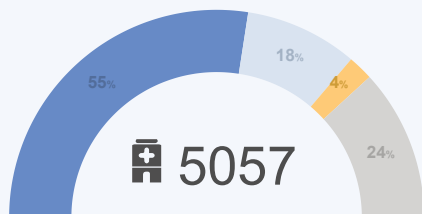
-  Lack of staff
-  Lack of training
-  Lack of supplies
-  Lack of equipment
-  Lack of financial resources

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

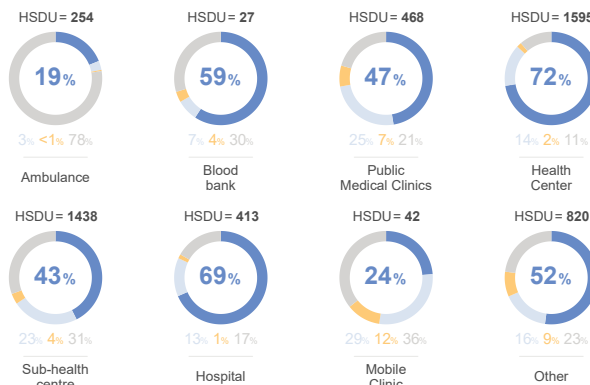


Availability of facility reporting system

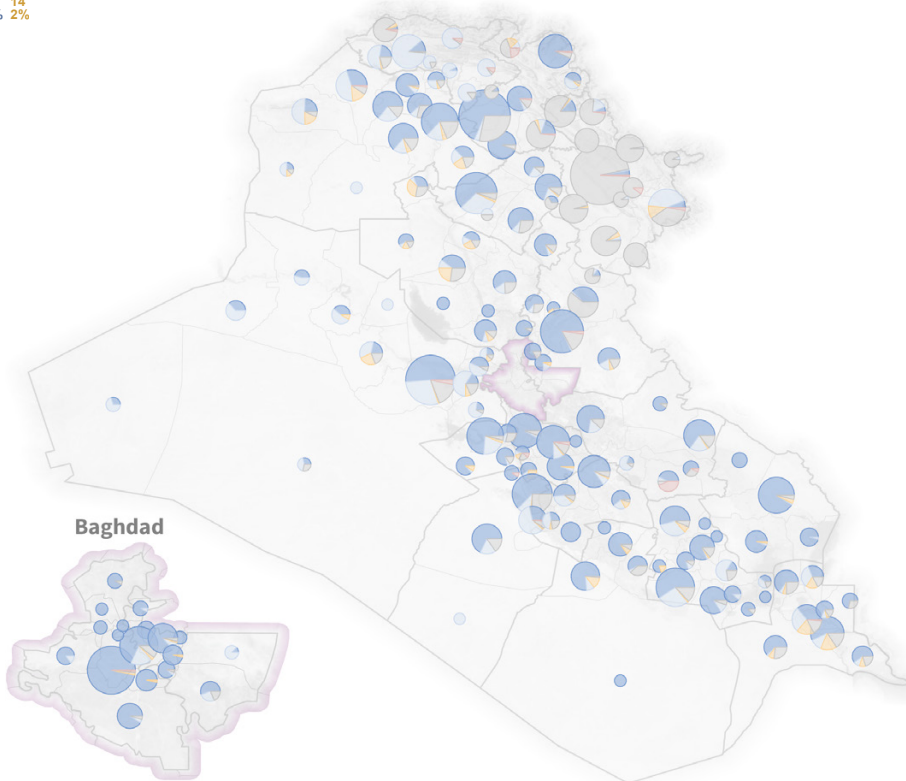
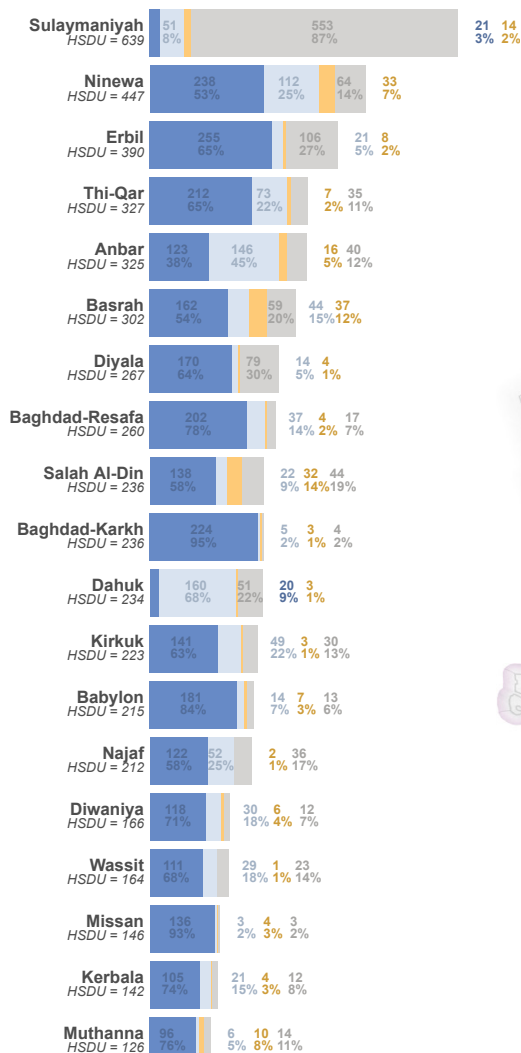
Availability of facility reporting system³⁰



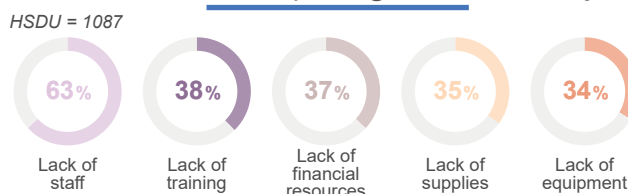
Availability of facility reporting system by HSDU type



Availability of facility reporting system by directorate of health



Main barriers impeding service delivery

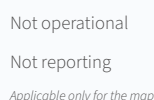
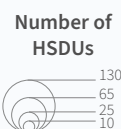


³⁰ Availability and functionality of Health Management Information System (HMIS)

Availability status



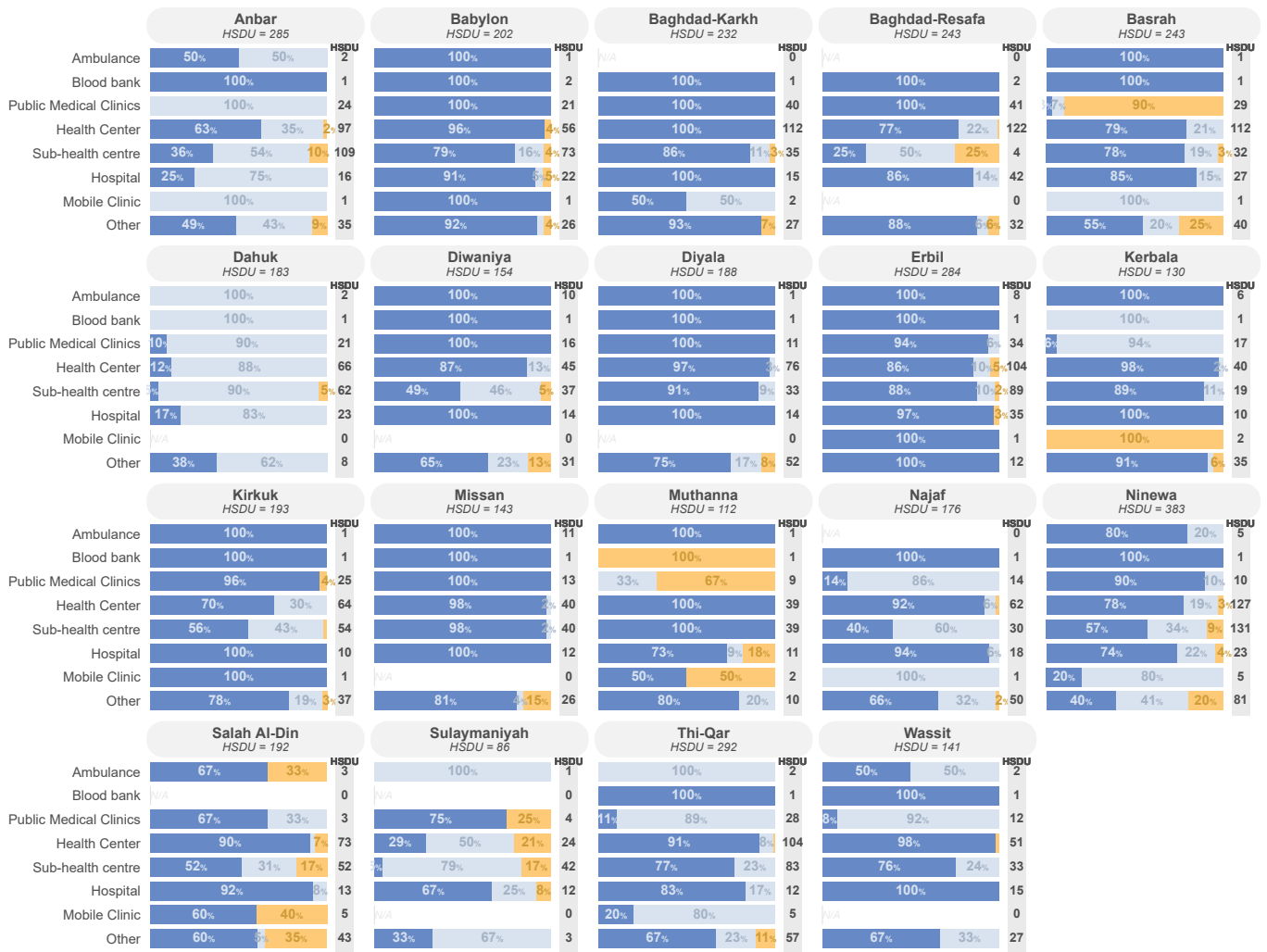
Maps



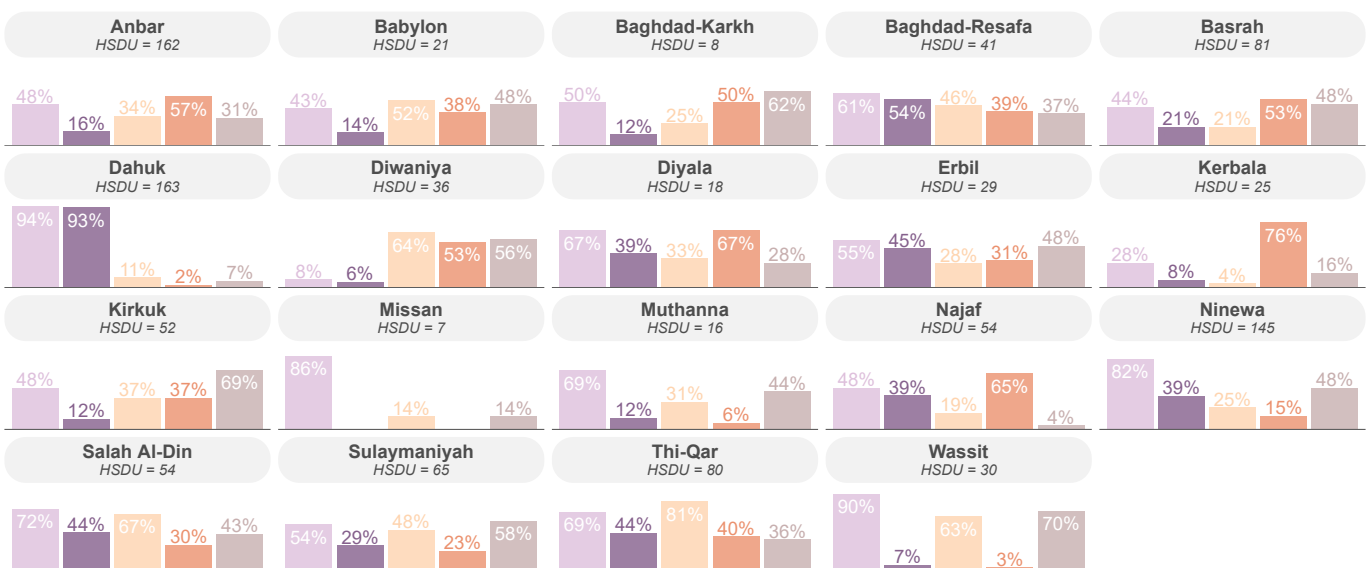
Applicable only for the map



Availability of facility reporting system 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.



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: INDICATOR DEFINITIONS

INDICATOR	DEFINITION
Building damage	Refers to the HSDU's building such as walls, foundations, roof, windows, etc. It further includes connection to accessory infrastructure relevant to provide essential health services (e.g., sewerage, water tank). Minor maintenance issues not impacting the HSDU's ability to provide services (e.g., flaking paint) are not considered.
Equipment condition	Refers to medical and otherwise critical equipment required by the HSDU to provide essential health services. Non-essential equipment not impacting the HSDU's ability to provide services as well as consumable and medicine are not considered here.
Functionality	Assesses the HSDU's overall ability to operate as expected. A fully functioning HSDU is characterized through the absence of systemic or major issues. The HSDU operates as expected and is able to provide the full range of expected services.
Accessibility	Assesses the ability of patients to access essential health services and includes both physical as well as socio-economic and cultural constraints.
Partner support	Indicates the level of support provided by external partners. Major support indicates that an HSDU is unable to operate without the contribution made by partner(s).
Water	Refers to the availability of sufficient, reliable and safe water to meet the HSDUs daily demand. Water is considered "available" when it is available in sufficient quantities and qualities and comes from improved water sources or is treated on-site following national guidelines. Improved water sources include e.g., running water, tube or boreholes, protected wells, protected springs, rain-water, and bottled or distributed water.
Sanitation facilities	Refers to the availability of sufficient improved and usable sanitation facilities with at least one toilet dedicated for staff, at least one sex-separated toilet with menstrual hygiene facilities, and at least one toilet accessible for users with limited mobility. Improved sanitation facilities include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs.
Hand-hygiene facilities	Refers to the availability of functioning hand-hygiene facilities at all critical locations within the HSDU, including required supplies such as water, soap and AHB. All staff have complete training in proper hand hygiene practices.
Personal Protective Equipment	Indicate if Personal Protective Equipment (PPE) equipment is available and if there is a policy to use PPE.
Cleaning equipment	The availability of means to ensure proper environmental cleaning in accordance with national guidelines. This includes the availability of sufficient resources (including equipment, supplies, and human resources), availability of cleaning protocols, schedule, and that staff has been adequately trained.

INDICATOR	DEFINITION
Waste segregation	The availability of means to adhere to proper waste segregation practices in accordance with national standards. This includes availability of sufficient resources, supplies and training of staff. Waste segregation practices includes specific measures, such as the utilization of at least three leak-proof bins in the consultation area for waste segregation. Sharps containers must be puncture-proof, and bins designated for sharps waste and infectious waste should be equipped with lids to ensure safe and secure disposal.
Final disposal of sharps	Refers to the availability of means to treat and safely dispose of all sharp waste. This includes availability of sufficient resources, supplies and training of staff. Safe treatment and disposal methods include incineration, autoclaving, and burial in a lined, protected pit. Sharps may also be collected and transported off-site for medical waste treatment and disposal.
Final disposal of infectious waste	Refers to the availability of means to treat and safely dispose of all infectious waste. This includes availability of sufficient resources, supplies and training of staff. Safe treatment and disposal methods include incineration, autoclaving, and burial in a lined, protected pit. Infectious wastes may also be collected and transported off-site for medical waste treatment and disposal.
Power	Refers to the availability of reliant and sufficient electricity to meet the daily demand of the HSDU. Note, disruptions or unreliability of national power networks is considered as a lack of supplies.
Cold chain for medicine	health facility has a cooling chain enough for the drugs (treatments, chronic medicines, etc.)
Cold chain availability	Refers to the availability of a functioning cold chain with sufficient capacity to meet the HSDUS demand. This includes the availability of sufficient equipment to store vaccines (e.g., refrigerators, cold boxes, vaccine carriers, etc.) and sufficiency and reliability of the power source.
Communication equipment	Refers to the availability of means to communicate with other stakeholders. This includes availability and functionality of required equipment (phone, computer, etc.), required supplies (continuous network availability) and funds (e.g., to purchase mobile data). Note, disruptions or unreliability of network is reported under lack of supplies.
Periodic epidemiological reporting systems	Periodic epidemiological reporting systems (daily-weekly-monthly) are available at the facility level. For an HSDU to effectively complete reporting duties, required resources such as equipment, supplies, and human resources must be available in sufficient quantity and quality.
Facility reporting system	Availability and functionality of Health Management Information System (HMIS)



ANNEX IV: OVERVIEW OF THE OPERATIONAL STATUS BY SECTOR

SECTOR	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
ANBAR	AL-KA'IM	-	-	-	-	-	-	1	-	-	7	-	1	16	-	2	2	-	-	-	-	2	1	-	3	27	8	-	
	AL-KALDIA	2	-	-	-	-	-	4	-	-	7	-	-	10	-	-	1	-	-	1	-	1	-	-	1	25	2	-	
	ALKARMA	1	-	-	-	-	-	-	-	-	3	-	-	2	-	-	-	-	-	-	-	-	-	2	-	1	8	1	-
	AMIRYA	4	-	-	-	-	-	4	-	-	15	-	-	11	-	-	5	-	-	-	-	-	5	-	1	44	1	-	
	BAGHDADI	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	
	FALLUJA	1	-	-	-	-	-	1	-	-	3	-	2	3	-	1	1	-	-	-	-	1	4	-	-	13	4	-	
	HADITHA	-	-	-	-	-	-	2	-	-	5	-	-	11	-	-	1	-	-	-	-	-	4	-	-	23	-	-	
	HEET	1	-	-	-	-	-	2	-	-	13	-	-	13	-	-	1	-	-	2	-	-	5	-	1	37	1	-	
	RAMADI1	14	-	-	1	-	-	10	3	1	33	-	-	31	1	-	6	-	1	-	-	-	22	-	2	117	4	4	
	RAMADI2	2	-	-	-	-	-	-	-	-	2	-	-	3	-	-	-	-	-	-	-	-	-	-	-	7	-	-	
	RATBA	-	-	-	-	-	-	1	-	-	3	-	1	5	-	1	1	-	-	-	-	-	-	-	1	10	3	-	
RAWA-ANA	-	-	-	-	-	-	1	-	1	5	-	-	5	-	1	2	-	-	-	-	1	-	-	-	13	3	-		
TOTAL	25	-	-	1	-	-	26	3	2	97	-	4	110	1	5	20	-	1	3	-	5	43	-	10	325	27	4		
BABYLON	AL-MAHAWIL	7	-	-	-	-	3	-	-	13	1	-	28	1	-	6	-	-	-	-	1	10	-	18	67	19	2		
	AL-MUSAYAB	4	-	-	2	-	-	12	-	-	24	-	1	11	-	2	11	-	-	-	-	10	-	12	74	15	-		
	HASHIMIYA	-	-	-	-	-	-	4	-	-	13	-	-	21	-	-	4	-	-	1	-	1	6	-	18	49	19	-	
	HILLA 1	2	-	-	-	-	-	1	-	-	2	1	-	3	-	1	-	-	-	-	2	-	-	3	8	6	1		
	HILLA 2	-	-	-	-	-	-	1	-	-	4	-	-	9	-	-	1	-	-	-	-	1	-	-	7	15	8	-	
	KOTHA	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	4	2	4	-	
TOTAL	13	-	-	2	-	-	21	-	-	57	2	1	73	1	3	22	-	-	1	-	5	26	-	62	215	71	3		
BAGHDAD-KARKH	ABU GHRAIB	-	-	-	-	-	1	-	-	7	-	-	7	-	1	1	-	-	2	-	1	2	-	1	20	3	-		
	ALAAMEL	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	-		
	ALEALAAM	-	-	-	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	2	-	-		
	DORA	-	-	-	-	-	-	9	-	-	18	-	1	3	-	-	-	-	1	-	-	-	2	-	2	32	4	-	
	KADHMIYA	-	-	-	-	-	-	-	-	-	5	-	-	1	-	-	-	-	-	-	-	-	1	-	1	7	1	-	
	KARKH	-	-	-	1	-	-	30	-	-	52	1	5	7	-	1	12	-	2	-	-	-	13	-	5	115	13	1	

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



	SECTOR	Ambulance		Blood bank		Public Medical Clinics		Health Center		Sub-health centre		Hospital		Mobile Clinic		Other		TOTAL HSDU								
		O	N/OP/C	O	N/OP/C	O	N/OP/C	O	N/OP/C	O	N/OP/C	O	N/OP/C	O	N/OP/C	O	N/OP/C	O	N/OP/C							
BAGHDAD-KARKH	MAHMOUDIYA	-	-	-	-	1	-	-	18	-	15	-	2	1	-	-	10	-	3	44	6	-				
	TAJEE	-	-	-	-	-	-	-	3	-	-	-	-	-	-	-	-	-	3	-	-					
	TARMIA	-	-	-	-	-	-	-	8	-	1	-	-	1	-	-	2	-	-	12	-	-				
	TOTAL	-	-	-	1	-	1	40	-	113	1	6	35	-	4	15	-	3	2	-	1	30	-	13	236	28
BAGHDAD-RESAFA	ADHAMIYA	-	-	-	-	-	2	-	8	-	-	-	-	-	-	-	2	-	-	12	-	-				
	AL RESAFA	-	-	-	-	-	4	-	8	-	1	1	-	1	-	-	3	-	5	17	6	-				
	ALMDAIN	-	-	-	-	-	3	-	15	-	1	-	1	3	-	-	5	-	3	27	4	-				
	ALNHRWAN	-	-	-	-	-	1	-	5	-	1	-	1	-	-	-	1	-	1	8	2	-				
	BAGHDAD ALJEDIDA	-	-	-	-	-	11	-	24	-	2	8	-	1	30	-	-	12	-	-	85	3	-			
	BALADIAT 1	-	-	-	-	-	1	-	5	-	-	-	-	-	-	-	-	-	-	6	-	-				
	BALADIAT 2	-	-	-	-	-	5	-	15	-	-	2	-	1	-	-	4	-	-	27	-	-				
	SADDER CITY	-	-	-	2	-	-	9	-	29	-	-	3	7	-	-	11	-	-	58	3	-				
	SHA'B	-	-	-	-	-	5	-	13	-	-	1	-	-	-	-	2	-	-	20	1	-				
TOTAL	-	-	-	2	-	-	41	-	122	-	3	13	-	7	42	-	-	40	-	9	260	19	-			
BASRAH	ABU AL-KHASEEB	6	-	-	-	-	3	-	12	-	-	4	-	-	2	-	-	3	-	-	30	-	-			
	AL HARTHA	3	-	-	-	-	-	-	7	-	-	5	-	-	-	-	4	-	-	19	-	-				
	AL-MIDAINA	5	-	-	-	-	1	-	19	-	-	8	-	1	-	1	6	-	-	40	1	-				
	AL-QURNA	5	-	-	-	-	1	-	10	-	-	8	-	1	-	1	9	-	-	35	-	-				
	AL-ZUBAIR	9	-	-	-	-	1	-	16	-	-	2	-	2	-	-	7	-	2	37	2	-				
	BASRAH1	11	-	-	1	-	-	12	-	20	-	-	2	-	16	-	2	-	-	70	2	-				
	BASRAH2	10	-	-	-	-	-	11	-	22	1	-	2	-	5	-	-	7	-	-	57	-	1			
	SHATT AL-ARAB	4	-	-	-	-	-	-	7	-	-	2	-	-	-	-	1	-	-	14	-	-				
TOTAL	53	-	-	1	-	-	29	-	113	1	-	33	-	-	27	-	2	1	-	1	45	-	2	302	5	1

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



	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
DAHUK	AKRE	-	-	-	-	-	-	1	-	1	6	-	-	11	2	1	-	-	-	-	-	-	-	-	1	18	3	2	
	AMEDI	-	-	-	-	-	-	-	-	-	11	1	-	12	1	1	3	-	-	-	-	-	-	1	-	-	27	1	2
	BARDARASH	-	-	-	-	-	-	3	-	-	5	-	-	8	-	1	5	-	-	-	-	-	-	-	-	-	21	1	-
	DAHUK	2	-	-	1	-	-	14	-	2	25	-	-	9	-	-	13	-	1	-	-	-	7	-	-	71	3	-	
	MANGESH	-	-	-	-	-	-	-	-	-	1	-	-	4	-	-	-	-	-	-	-	-	-	-	-	-	5	-	-
	SHEKHAN	-	-	-	-	-	-	-	-	-	3	-	-	9	-	-	-	-	-	-	-	-	-	-	-	-	12	-	-
	SUMEL	1	-	-	-	-	-	5	-	-	19	-	1	12	-	-	3	-	-	-	-	-	-	-	-	-	40	1	-
	ZAKHO	-	-	-	1	-	-	6	-	-	16	1	-	13	-	-	3	-	-	-	-	-	-	1	-	-	40	-	1
TOTAL	3	-	-	2	-	-	29	-	3	86	2	1	78	3	3	27	-	1	-	-	-	9	-	1	234	9	5		
DIWANIYA	AFAQ	2	-	-	-	-	1	-	-	6	-	-	9	-	-	1	-	-	-	-	-	4	-	9	23	9	-		
	AL-SHAMIYA	2	-	-	-	-	2	-	-	5	-	-	5	-	-	1	-	-	-	-	-	3	-	5	18	5	-		
	DIWANIYA 1	2	-	-	-	-	1	-	-	9	-	1	16	-	1	1	-	-	-	-	1	4	-	9	33	12	-		
	DIWANIYA 2	7	-	-	1	-	-	11	-	-	18	-	1	5	-	-	10	-	-	-	-	14	-	5	66	6	-		
	HAMZA	2	-	-	-	-	-	1	-	-	8	-	1	8	-	-	1	-	-	-	-	6	-	12	26	13	-		
	TOTAL	15	-	-	1	-	-	16	-	-	46	-	3	43	-	1	14	-	-	-	1	31	-	40	166	45	-		
DIYALA	AL-KHALIS	1	-	-	-	-	-	-	-	8	-	-	2	-	-	1	-	-	-	-	-	10	-	-	22	-	-		
	AL-MANSURIYE	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	4	-	-	5	-	-		
	AL-MUQDADIYA	5	-	-	1	-	-	8	-	-	34	2	-	12	-	1	8	-	1	-	-	30	-	3	98	5	2		
	BA'QUBA-FIRST	-	-	-	-	-	-	3	-	-	5	-	-	2	-	-	1	-	-	-	-	5	-	-	16	-	-		
	BALADROOZ	1	-	-	-	-	-	-	-	-	7	-	1	10	-	-	2	-	1	-	-	14	-	-	34	2	-		
	BAQUBA-SECOND	3	-	-	-	-	-	-	-	-	10	-	1	1	-	-	-	-	-	-	-	3	-	1	17	2	-		

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

	SECTOR	Ambulance		Blood bank		Public Medical Clinics		Health Center		Sub-health centre		Hospital		Mobile Clinic		Other		TOTAL HSDU		
		O	N/OP/C	O	N/OP/C	O	N/OP/C	O	N/OP/C	O	N/OP/C	O	N/OP/C	O	N/OP/C	O	N/OP/C	O	N/OP/C	
DIYALA	JALAWLAA	-	-	-	-	-	-	1	-	8	-	-	-	-	-	5	-	14	-	
	KHANAQIN	5	-	-	-	-	-	18	-	16	-	3	-	7	-	12	-	61	2	
	TOTAL	15	-	1	-	11	-	83	2	52	-	15	-	7	-	83	-	267	11	
ERBIL	BARZAN	-	-	-	-	1	-	8	-	9	6	1	2	-	-	-	-	20	2	
	CHOMAN	-	-	-	-	-	-	5	-	10	-	2	1	-	-	-	-	16	2	
	DASHTE HAWLER	3	-	-	-	5	-	25	-	17	-	1	-	-	-	2	-	53	-	
	ERBIL CENTER	9	-	-	1	-	24	-	52	-	13	-	21	-	1	-	6	-	127	-
	KHABAT	-	-	-	-	-	-	1	-	8	-	-	-	-	-	-	-	9	-	
	KOISNJAQ	3	-	-	-	1	-	10	1	34	-	7	4	-	-	3	-	55	7	
	SHAQLAWA	1	-	-	-	-	-	14	-	20	1	2	6	-	-	-	-	41	2	
	SORAN	-	-	-	-	9	-	13	-	39	1	7	4	-	-	4	-	69	7	
TOTAL	16	-	1	-	40	-	128	1	150	8	19	39	-	1	-	15	-	390	20	
KERBALA	AL HUR	3	-	-	1	-	14	-	24	-	11	-	6	-	-	21	-	80	3	
	AL-HINDIYA	2	-	-	-	1	-	4	-	1	-	2	-	-	9	-	19	-		
	HUSAINYA	2	-	-	-	1	-	5	-	7	-	1	-	1	5	-	21	3		
	KERBALA	1	-	-	-	1	-	7	-	2	-	1	-	2	8	-	22	1		
TOTAL	8	-	1	-	17	-	40	-	21	-	1	10	-	2	-	43	-	142	7	
KIRKUK	AL DIBIS	1	-	-	-	3	-	8	-	12	-	4	2	-	-	1	-	27	5	
	AL-HAWIGA1	2	-	-	-	5	-	25	-	38	-	2	3	-	1	21	-	95	5	
	AL-HAWIGA2	-	-	-	-	-	-	1	2	-	1	-	-	-	-	-	-	2	2	
	DAQUQ	4	-	1	-	5	-	15	-	9	-	4	1	-	2	8	-	44	11	
	KIRKUK1	4	-	-	1	-	12	-	15	-	2	-	5	-	-	10	-	49	-	
	KIRKUK2	-	-	-	-	-	-	3	-	1	-	-	-	-	-	2	-	6	-	
TOTAL	11	-	1	-	25	-	66	-	64	-	11	11	-	3	-	42	-	223	23	
MISSAN	AL-MEJAR AL-KABIR	3	-	-	-	1	-	9	-	15	-	4	2	-	-	3	-	33	5	
	ALI AL-GHARBI	2	-	-	-	1	-	4	-	4	-	-	1	-	1	-	13	1		

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



	SECTOR	Ambulance		Blood bank		Public Medical Clinics		Health Center		Sub-health centre		Hospital		Mobile Clinic		Other		TOTAL HSDU	
		O	N/OP/C	O	N/OP/C	O	N/OP/C	O	N/OP/C	O	N/OP/C	O	N/OP/C	O	N/OP/C	O	N/OP/C	O	N/OP/C
MISSAN	AMARA	3	-	1	-	11	-	22	-	11	-	7	-	-	-	23	-	78	3
	QAL'AT SALEH	3	-	-	-	-	-	5	-	10	-	2	-	-	1	2	-	22	7
	TOTAL	11	-	1	-	13	-	40	-	40	-	12	-	-	2	29	-	146	16
MUTHANNA	AL-KHIDHIR	-	-	-	-	-	-	8	-	10	-	3	-	-	-	5	-	26	-
	AL-RUMAITHA	-	-	-	-	-	-	1	-	1	-	-	-	1	-	1	-	4	-
	AL-SAMAWA 1	1	-	1	-	7	-	20	-	16	-	6	1	1	-	3	-	55	2
	AL-SAMAWA 2	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	2	-
	WARKA	-	-	-	-	2	-	8	-	17	-	5	-	1	-	6	-	39	-
	TOTAL	1	-	1	-	9	-	39	-	44	-	14	-	3	-	15	-	126	2
NAJAF	ABBASIA	-	-	-	-	-	-	1	-	3	1	1	-	-	-	5	-	10	2
	AL-MANATHERA	3	-	-	-	1	-	11	-	13	1	3	-	-	-	20	-	51	1
	KUFA	4	-	1	-	5	-	27	-	14	-	10	-	-	-	30	-	91	3
	NORTH NAJAF	1	-	-	-	8	-	23	-	4	-	6	-	1	-	16	-	59	4
	SOUTH NAJAF	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-
	TOTAL	8	-	1	-	14	-	62	-	35	2	1	20	-	1	-	71	-	212
NINEWA	AL-BA'AJ	1	-	-	-	-	-	2	-	3	-	1	-	-	2	1	-	8	6
	AL-HAMDANIYA	2	-	-	-	8	-	21	-	26	-	3	-	1	-	20	-	81	5
	AL-SHIKHAN	1	-	-	-	1	-	5	-	8	-	1	-	-	-	2	-	18	-
	AYMEN	4	-	-	-	9	-	24	-	5	-	4	-	1	3	12	-	59	12
	AYSER	9	-	1	-	4	-	8	-	3	-	9	-	-	-	8	-	42	1
	GAYARA	-	-	-	-	1	-	15	-	25	-	1	-	3	4	13	-	58	20
	HATRA	-	-	-	-	-	-	2	-	-	-	1	-	-	-	-	-	2	2
	MAKHMUR	-	-	-	-	-	-	13	-	14	-	1	-	-	-	8	-	35	2
	SINJAR	2	-	-	-	-	-	13	-	22	-	9	2	-	-	6	-	45	14
	TELAFAR	2	-	-	-	2	-	18	-	19	-	4	1	-	1	19	1	62	12
TOTAL	22	-	1	-	27	-	130	-	136	-	18	23	-	1	6	-	447	76	

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

	Ambulance		Blood bank		Public Medical Clinics		Health Center		Sub-health centre		Hospital		Mobile Clinic		Other		TOTAL HSDU									
	O	N/OP/C	O	N/OP/C	O	N/OP/C	O	N/OP/C	O	N/OP/C	O	N/OP/C	O	N/OP/C	O	N/OP/C	O	N/OP/C								
SALAH AL-DIN	AL-ALAM	-	-	-	-	-	-	4	-	8	-	3	1	-	-	6	-	2	19	5	-					
	AL-DAUR	-	-	-	-	6	-	14	-	11	-	3	3	-	1	3	-	-	37	5	-					
	AL-SHIRQAT	-	-	-	-	2	-	9	-	8	-	-	1	-	-	9	-	2	29	3	-					
	ALDULLOIA	-	-	-	-	-	-	2	-	2	-	-	-	-	-	-	-	-	4	-	-					
	BAIJI	1	-	-	-	1	-	6	-	1	-	1	-	-	1	-	2	-	12	3	-					
	BALAD	-	-	-	-	2	-	9	-	10	-	-	1	-	2	-	-	-	34	2	-					
	DIJEL	-	-	-	-	-	-	6	-	6	-	-	-	-	1	-	2	-	15	1	-					
	SAMARRA	-	-	-	-	-	-	2	-	1	-	2	-	-	-	-	1	-	4	2	-					
	TIKRIT	2	-	1	-	4	-	13	-	9	-	1	7	-	3	1	-	11	48	6	-					
	TOOZ	-	-	2	-	1	-	9	-	10	-	7	1	-	1	-	-	13	34	14	-					
	TOTAL	3	-	3	1	-	-	16	-	74	-	4	66	-	17	14	-	7	6	-	56	-	10	236	41	-
SULAYMANIYAH	BAZIAN	-	-	-	-	-	-	1	-	12	-	2	-	-	-	-	-	-	13	2	-					
	CHAMCHAMAL	3	-	-	1	-	2	14	-	22	-	24	5	-	-	8	-	3	55	29	-					
	DAR-BANDIKHAN	2	-	-	-	-	-	10	-	1	25	-	1	2	-	-	-	2	41	2	-					
	DOKAN	-	-	-	-	4	-	7	-	28	-	2	2	-	-	-	-	-	41	2	-					
	GARMIAN	1	-	-	1	-	1	15	-	29	-	1	5	-	-	6	-	2	58	3	-					
	HALABJA	-	-	-	1	-	2	13	-	1	55	2	10	7	-	-	2	-	80	11	2					
	PSHDAR	1	-	-	1	-	2	7	-	29	1	9	4	-	2	-	-	2	46	11	1					
	RANIA	2	-	-	1	-	7	9	-	34	-	1	8	-	1	-	-	3	64	2	-					
	SHARAZOOR	-	-	-	-	-	-	1	-	13	-	18	1	-	-	-	-	-	15	18	-					
	SHARBAZHER	-	-	-	-	1	-	5	-	45	-	19	-	-	-	-	-	-	51	19	-					
	SULAYMANIYA	6	-	1	1	-	33	-	1	51	-	-	28	-	-	21	1	-	150	2	1					
	ZIMNAKO	-	-	-	-	1	-	10	2	-	8	1	-	6	-	1	-	-	25	2	3					
	TOTAL	15	-	1	6	-	53	-	1	143	2	4	328	4	87	61	1	4	-	-	-	33	-	6	639	103

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



	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
THI-QAR	AL DAWAYA	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-
	AL GARMA	-	-	-	-	-	-	1	-	-	8	-	-	6	-	-	-	-	-	-	-	-	-	2	-	2	17	2	-
	AL NASER	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
	AL-CHIBAYISH	-	-	-	-	-	-	1	-	-	3	-	-	3	-	-	1	-	-	-	-	-	-	-	-	-	8	-	-
	AL-ESLAH	1	-	-	-	-	-	1	-	-	1	-	-	1	-	-	-	-	-	1	-	-	-	-	-	1	5	1	-
	AL-GHIRAF	1	-	-	-	-	-	1	-	-	6	-	-	9	-	-	-	-	-	-	-	-	3	-	1	20	1	-	
	AL-RIFA'I	2	-	-	-	-	-	5	-	-	20	-	-	8	-	-	1	-	1	1	-	-	22	-	1	59	2	-	
	AL-SHATRA	2	-	-	-	-	-	1	-	-	15	-	1	12	-	-	1	-	1	1	-	-	11	-	3	43	5	-	
	NASSRIYA1	7	-	-	1	-	-	16	-	-	29	-	1	5	-	-	9	-	1	-	-	-	19	-	3	86	5	-	
	NASSRIYA2	1	-	-	-	-	-	1	-	-	7	-	-	13	-	-	-	-	-	1	-	-	8	-	1	31	1	-	
	QALAT SEKKAR	-	-	-	-	-	-	-	-	-	3	-	-	1	-	-	-	-	-	-	-	-	1	-	1	5	1	-	
	SAADDAKHYIL	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	1	1	1	-
	SUQ	3	-	-	-	-	-	2	-	-	12	-	1	23	-	-	-	-	-	2	-	-	8	-	1	50	2	-	
	AL-SHOYOKH	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	17	-	-	1	-	-	29	-	-	104	-	3	84	-	-	12	-	3	6	-	-	74	-	15	327	21	-		
WASSIT	AL-HAI	1	-	-	-	-	1	-	-	7	-	-	5	-	-	1	-	-	-	-	-	2	13	-	17	-	13		
	AL-NA'MANIYA	-	-	-	-	-	-	-	-	1	-	-	5	-	-	-	-	-	-	-	-	4	-	-	10	-	-		
	AL-SUWAIRA	6	-	-	-	-	3	-	-	19	-	-	10	-	1	4	-	-	-	-	-	9	-	-	51	1	-		
	AZIZIYA	2	-	-	-	-	-	-	-	3	-	-	3	-	1	-	-	-	-	-	-	2	-	-	10	1	-		
	KUT1	8	-	-	1	-	-	8	-	-	18	-	-	5	-	-	10	-	-	-	-	13	-	-	63	-	-		
	KUT2	1	-	-	-	-	-	-	-	-	4	-	-	5	-	-	-	-	-	-	-	-	3	1	-	13	-	1	
TOTAL	18	-	-	1	-	-	12	-	-	52	-	-	33	-	2	15	-	-	-	-	33	14	-	164	2	14			

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

