



EUROPEAN UNION



The EU Regional Trust Fund in Response to the Syrian Crisis

الصندوق الاستئماني الأوروبي 'مدد'

Project Factsheet

Strengthening quality and access to mental health services in Iraq

OBJECTIVE

Improve access to quality mental health and psychosocial care in Iraq by enhancing technical capacities of governmental institutions at the Ministry of Health level, capacity building of stakeholders at national and governorate levels, and promoting mental health care.

BUDGET
EUR 6.9 million

START DATE
20/08/2019

DURATION
24 months

EXPECTED RESULTS

Mental health authorities in Iraq and in the Kurdistan Region of Iraq are strengthened and access to quality services is improved. More specifically:

- The Ministry of Health in the Iraqi federal government and the Kurdistan Region of Iraq have increased resources and capacity building to establish sustainable systems and enhance the quality of mental health and psychosocial support (MHPSS) service provision.
- Access to inclusive, comprehensive and integrated quality MHPSS services – identification, provision of care and referral to reinforced specialized care – of populations in need in Iraq has been promoted and expanded.

BENEFICIARIES

21,000
IDPs*, refugees, host community population and returnees

1,138
mental health staff trained

* internally displaced people

IMPLEMENTING PARTNERS



PROJECT LOCATIONS



IRAQ

Baghdad, Erbil,
and Anbar, Dohuk,
Ninewa and Kirkuk
governorates

OUR IMPACT

OUTCOME 1

1. The diagnostic and planning phases of the mental health system has been carried out.
2. Mental Health technical focal points at the ministry level in the Kurdistan Region of Iraq and Baghdad are established and operational.
3. Training has been provided to a pool of trainers from the Ministry of Health (MoH) / Directorate of Health (DoH) on MHPSS evidence-based and the WHO Mental Health Gap Action Programme (mhGAP) monitoring and evaluation.
4. MHPSS action plan reports, including recommendations and sharing of national and regional best practices, have been produced for the MoH/DoH.
5. MHPSS working groups have been revitalized.

OUTCOME 2:

1. Support to the existing Regional Mental Health Centers and support to the MoH/DoH in the set-up of a new Regional Mental Health Center has been provided.
2. Capacity building to the PHCCs staff on mhGAP approach and on evidence-based MHPSS has been provided.
3. Capacity building to the community level organisations has been provided.
4. Public campaigns, awareness and sensitization sessions on Mental Health have been conducted.
5. Formal standardised referral pathways exist and case management guidelines are in place.