

IOM IRAQ

COVID-19 RESPONSE OVERVIEW #12

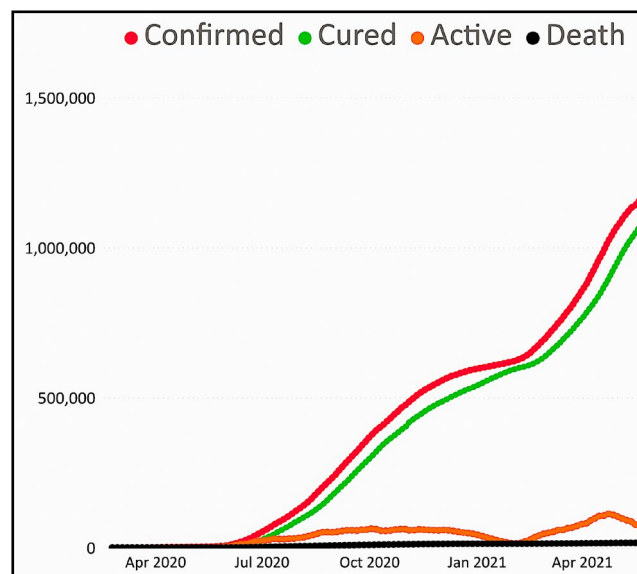
26 April - 23 May 2021



IOM IRAQ COVID-19 Strategic Response Plan¹ February-December 2020, USD 20.45 million
1,167,940 Confirmed Cases | 69,907 Active Cases | 1,081,843 Cured Cases | 16,190 Deaths²

Several changes took place to mobility restrictions and public health measures throughout March and May 2021. Following a rise in case numbers, from 29 March the Government of Iraq (GoI) introduced new measures including the mandatory use of masks in public spaces including government offices, and the closure of marketplaces and malls across Federal Iraq and the Kurdistan Region of Iraq (KRI). Cafes, restaurants and clubs have been permitted to provide services outdoors, while gatherings such as funerals were prohibited in confined spaces such as alleys and homes. In addition, travel between KRI and Federal Iraq governorates was prohibited between Thursdays and Saturdays. Those found to be violating these rules are subject to fines.

International airports in Baghdad, Basra, Erbil, Najaf, and Sulaymaniyah are open for commercial flights but are running at lower capacity. Travellers from all countries are permitted to enter contingent on following public health requirements, including testing and quarantine periods.³



Cumulative Distribution of Cases in Iraq by Health Status

STRATEGIC PRIORITY 1: Ensure a well-coordinated, informed and timely response through mobility tracking systems and strengthening partnership and coordination structures established at the community, national and regional levels

Coordination and Partnerships

The following main activities were implemented:

- IOM Iraq is working with the World Health Organization (WHO) to align COVID-19 activities, including through the UN Country Team (UNCT). IOM is co-leading the Health Cluster Taskforce for health partners, WHO,



Several Coordination Meetings Conducted

Ministry of Health (MoH), and Camp Coordination and Camp Management (CCCM) partners including for the preparedness and response plans. IOM Iraq coordinates with Health Cluster partners, camp management agencies, and other stakeholders.

Tracking Mobility Impacts

The following main activities were implemented:

- IOM Iraq's [Displacement Tracking Matrix \(DTM\)](#) collected information on mobility restrictions within Iraq as well as at Points of Entry (PoEs). Restrictions include limitations on mobility across governorates as well as on commercial and trade activity, curfews, government and residency



1 Iraq mobility restriction and public health measures report published

office operating hours, and legal regulations, and assessed 31 locations including PoEs along land borders and maritime boundaries. Five were reported as closed, 10 partially open, four open, and 12 open only for commercial traffic.⁴

¹ For IOM Iraq COVID-19 Strategic Response Plan, please visit www.iomiraq.in

² WHO Iraq COVID-19 Dynamic Infographic Dashboard for Iraq, The dashboard is updated daily based on data from the Ministry of Health (MoH) <https://bit.ly/2Oy1eC8>

³ IOM Iraq - COVID-19 Mobility Restrictions and Public Health Measures Report (1 March – 31 May 2021): http://iraqdtm.iom.int/COVID19/MovementRestrictions_Health-Measures

⁴ Ibid <http://iraqdtm.iom.int/COVID19/MovementRestrictions>

STRATEGIC PRIORITY 2: Contribute to global, regional, national and community preparedness and response efforts for COVID-19 to reduce associated morbidity and mortality

Risk Communication and Community Engagement (RCCE)

The following main activities were implemented:

- Awareness/sensitization sessions on COVID-19 held, for individuals in camp and non-camp settings in Anbar, Baghdad, Erbil, Dohuk, Ninewa, Kirkuk, Basra, and Salah Al-Din.
- Printed and distributed information, education, and communication (IEC) materials to increase awareness



Over **860** awareness/sensitization sessions, reaching more than **5,700** individuals in camp and non-camp settings in **8** governorates.

12 CwC/AAP trainings conducted for **58** Health staff.

on COVID-19 precautionary measures in the targeted governorates.

- IOM Iraq conducted 12 Communication with Communities (CwC)/Accountability to Affected Populations (AAP) trainings for Health staff Erbil, Anbar, Baghdad, Dohuk, Kirkuk, and Ninewa.

Disease Surveillance

The following main activities were implemented:

- IOM's community-based surveillance (CBS) teams conducted CBS activities in four supported IDP camps (Ninawa – Jadaa 5 camp; Shekhan camp; Erbil – Debaga camp; Anbar – AFF camp).
- During active case finding efforts, 120 IDPs were identified, of which 91 were referred to camp health facilities, 80 individuals referred by the CBS team visited the clinics, where in-depth assessment by the Clinician indicated 31 were either probable or suspected COVID-19 cases.



CBS activities conducted in **4** supported IDP camps in Ninewa, Anbar, and Erbil.

1,176 individuals reached by the vaccination campaign in Debaga IDP camp in Erbil.

- 858 rumors were recorded by IOM CBS teams; an increase on previous months.
- Supported the vaccination campaign in Debaga IDP camp in Erbil by organizing 147 sensitization sessions on COVID -19 vaccine and mobilizing the community to voluntarily receive the vaccine.

Points of Entry (PoE)

The following main activities were implemented:

- Provided roll up posters to inform arriving passengers of the COVID-19 testing process at Erbil International Airport.



Technical support for PoE activities continued.

- Provided data and lab equipment to empower Erbil International Airport staff to initiate and oversee the COVID-19 testing protocol.

Infection Prevention and Control (IPC)

The following main activities were implemented:

- Screening and Triage processes continued at IDP health clinics (Ninawa – Jadaa camp; Shekhan camp; Erbil – Debaga camp; Anbar – Al Mateen camp) and community clinics throughout Anbar, Baghdad, Erbil, Dohuk, Kirkuk, and Ninewa, ensuring patients are screened for COVID-19 prior to consultations.
- Provided ongoing coaching and supervision to supported health facilities and Department of Health (DoH) staff, building capacity to monitor screening processes, adhere to IPC standards, and respond to overall needs.
- Continued to support the DoH through the provision of Personal Protective Equipment (PPE), IPC materials, and



More than **75,700** individuals screened or triaged for COVID-19 at supported health clinics.

ابقوا في المنزل واتصلوا هاتفياً بـ ١٢٣ إذا كنتم تعانيون من أعراض فيروس كورونا. راجع أقرب مرفق صحي لك إذا لزم الأمر.

المزيد من المعلومات يرجى التواصل مع مركز الاتصالات للمنظمة الدولية للهجرة: ٨٠٠١٢٥٢٥ (مجانياً) - ٠٦٦٢١١٢٥٢٥

STRATEGIC PRIORITY 3: Ensure access of affected people to basic services and commodities, including health care, and protection and social services

Case Management and Continuity of Essential Services



16 outpatient health facilities and **6** inpatient facilities supported in Anbar, Erbil, Dohuk, Kirkuk, Ninewa, and Baghdad governorates.

The following main activities were implemented:

- Continued support to 16 outpatient health facilities and six inpatient facilities in Anbar, Erbil, Dohuk, Kirkuk, Ninewa, and Baghdad governorates. This included human resources support, capacity building, supplies and equipment, and technical support.
- As a pilot initiative outside of camp settings, IOM teams in

Dohuk initiated home-based monitoring of mild COVID-19 cases in home-isolation, in collaboration with the DoH, to allow continuity of care for patients at the Malta PHCC. Health facility staff involved were trained on the home isolation SOP, data collection tools, patient consent strategies, and more. This initiative has been positively received by patients in home-isolation.

Camp Coordination and Camp Management (CCCM)



2 Camps and **65** informal sites supported with CCCM to prevent, contain, or manage cases.

The following main activities were implemented:

- Ongoing remote CCCM management mechanisms for displaced community leaders in 2 camps and 65 informal sites in Anbar, Baghdad, Ninewa, and Salah Al-Din, including follow up with committees (Women Empowerment Group [WEG], Youth Empowerment Group [YEG]) for any COVID-19 cases registered in the sites.
- Distributed hygiene kits (masks and sanitizers) in Zayona informal site in Bagdad, Tal Abta (8 informal sites), Baaj (8 informal sites), and Sinjar (12 informal sites) in Ninewa.

1,568 hygiene kits (masks and sanitizers) distributed in **29** informal sites in Baghdad and Ninewa.



Protection



212 beneficiaries received case management support.

The following main activities were implemented:

- Provided case management to 36 victims of trafficking (VoT) and 176 survivors of gender-based violence. This included individual services for critical and urgent cases, including people with known suicide risk, those experiencing psychological consequences of domestic violence, and people with severe or chronic pre-existing mental health disorders. Assistance was delivered through protection safe spaces and home visits when possible, and otherwise by phone.
- Completed community dialogue sessions in Khanke, Dohuk to receive community feedback on protection risks and overall service needs and undertook several protection monitoring visits to communities in Ninewa, Erbil, Dohuk, Anbar, Baghdad, and Kirkuk governorates.
- Distributed protection materials, including leaflets and posters, to raise awareness of Protection from Sexual

1 training sessions on PFA conducted for **10** DoH staff in Kirkuk.

Exploitation and Abuse (PSEA) as well as general COVID-19 precautions and measures in Ninewa, Erbil, Dohuk, Anbar, Baghdad, and Kirkuk governorates.

- The IOM MHPSS team, in coordination with the MoH and the Kirkuk DoH, provided a training session on remote-psychological first aid (PFA) for 10 DoH staff in Kirkuk. The trainings aimed to increase the knowledge of DoH staff about stresses, especially during the pandemic, and increase their capacity to provide PFA and remote-PFA sessions. Moreover, in coordination with the MoH, Baghdad and Anbar DoHs, IOM continued conducting an assessment about the psychological impact and effect on the medical and health staff working in PHCCs during the pandemic.

STRATEGIC PRIORITY 4: Support international, national, and local partners to respond to the socio-economic impacts of COVID-19

Addressing Socio-Economic Impact

The following main activities were implemented:

- Provided Enterprise Development Fund (EDF) grants to 17 new Small Medium Enterprises (SMEs) in Sulaymaniyah, Najaf, Basra, Kirkuk, Erbil, Salah Al-Din, and Baghdad, for SMEs that had viable business plans to expand their activity and create new jobs. IOM continues to select SMEs that applied to the various EDF calls launched at the start of the year, including EDF-Women and EDF-renewable energy.
- Provided individual livelihood assistance (ILA) services to 45 beneficiaries (27 beneficiaries received Business Support Package (BSP) and 18 beneficiaries received Vocational/ Farmer Training) in Dohuk and Ninewa.
- Conducted Cash for Work (CfW) activities for 113 beneficiaries in Anbar and Ninewa.
- One additional infrastructure project in health sector was identified, in addition to the 24 projects selected in the previous reporting period to be rehabilitated in health and WASH sectors to support the strengthening of basic services during COVID-19 pandemic. Engineers have been working on preparation works (assessments, BoQs, tendering). These infrastructures will take several months to be rehabilitated.



17 SMEs received an EDF grant.
45 beneficiaries received ILA services.
113 beneficiaries engaged in CfW activities.



IOM is mainstreaming gender and disability inclusion. This includes encouraging female participation, tracking disability prevalence, and supporting that programming is responsive and inclusive to the needs of females and persons with disabilities. Specifically, in this reporting period, IOM has been shifting CfW activities to implement activities more suitable to female participants. These activities are in safe and socially acceptable spaces for women to work at.

IOM takes a number of approaches to ensure appropriate and respectful participation of persons with disabilities in all activities, including those related to the COVID19- response, including: 1) avoiding conducting separate activities for persons with disabilities; 2) ensuring that persons with disabilities are consulted about the planned activities and how they would like to participate; 3) using accessibility checklist to assess venues used to implemented the listed activities; 4) allocating budgets for reasonable accommodations; 5) encouraging the hiring of people with disabilities as focal points and sharing focal point information; 6) ensuring people with disabilities are informed about all activities.

IOM Iraq COVID-19 Response Supported By:



For more information please contact us at IRAQPSU@iom.int

