

IOM IRAQ

COVID-19 RESPONSE OVERVIEW #11

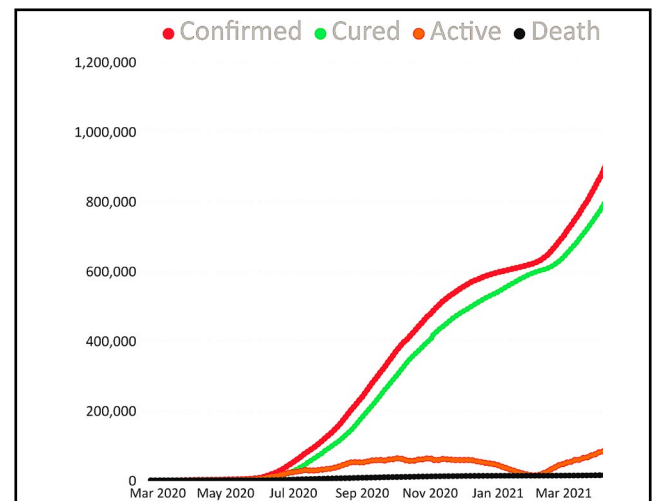
23 March - 25 April 2021



IOM IRAQ COVID-19 Strategic Response Plan¹ February-December 2020, USD 20.45 million
 1,031,322 Confirmed Cases | 110,764 Active Cases | 905,301 Cured Cases | 15,257 Deaths²

Government lockdown measures including restrictions on commercial activity as well as civilian movements remain in place across the country. The approach of local authorities to the enforcement of these restrictions varies across governorates. People can travel freely across governorates, including between federal Iraq and the Kurdistan Region of Iraq (KRI).

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



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 This section is updated based on the last published DTM - mobility restrictions and health measures report (1 Jan - 28 Feb 2021), available on the DTM website ([here](https://www.dtm.org/)).

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



Several Coordination Meetings Conducted

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, 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.
- IOM Iraq collaborated with MoH-KRI and WHO to plan implementation of a seroprevalence study for KRI region, as proposed by WHO/MoH KRI. The

seroprevalence study was a coordinated investigation by the Department of Health (DoH), WHO and IOM to test at least 3,000 Kurdish residents in Dohuk, Erbil and Sulaymaniyah for the presence of the COVID-19 antibodies, in order to determine the extent of the prior spread of the virus. From March 14 until March 28, 30 sample collectors gathered blood samples throughout KRI. IOM provided sample and data teams with needed resources (human resource, IT, transportation, Personal protective Equipment (PPE) and sample collection kits) to collect blood samples across KRI. IOM supported select laboratories with materials needed to process and analyze the samples. The data is still being processed and results will be shared by MoH and WHO once all the data has been analyzed.

Tracking Mobility Impacts



The updated Iraq mobility restriction and public health measures report to be published in the first half of June.

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 office operating hours, and legal regulations, and assessed 32 locations including PoEs along land borders and maritime boundaries. Five were reported as closed, 12 partially open, four open, and 11 open only for commercial traffic as of 28 February 2021⁴, as well as domestic movement restrictions.
- DTM is being finalizing the Iraq mobility restrictions and public health measures report which is now published every three months.



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

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 on COVID-19 precautionary measures in the targeted governorates.



Over **1,000** awareness/sensitization sessions, reaching more than **7,600** individuals in camp and non-camp settings in **8** governorates.

19 CwC/AAP trainings conducted for **92** Camp Management staff and RCCE mobilizers.

- IOM Iraq conducted 12 Communication with Communities (CwC)/Accountability to Affected Populations (AAP) trainings for Camp Management staff in Jeddah 5 Camp attended by 56 participants and eight CwC/AAP trainings for RCCE mobilizers in Kirkuk, Baghdad, and Ninewa attended by 36 participants.

Infection Prevention and Control (IPC)

The following main activities were implemented:

- Screening and Triage processes continued at IDP health clinics prior to patient consultations (Ninawa – Jadaa camp; Shekhan camp; Erbil – Debaga camp; Anbar – Al Mateen camp). These processes are underway in 20+ community clinics throughout Anbar, Baghdad, Erbil, Dohuk, Kirkuk, and Ninewa, ensuring patients are screened for COVID-19 prior to consultations.



More than **134,052** individuals screened or triaged for COVID-19 at supported health clinics.

- Distributed PPE, IPC materials, and essential supplies to the supported health facilities. Assessments are ongoing to determine how to meet ongoing PPE and IPC gaps in partnership with Department of Health (DoH).
- Provided ongoing coaching and supervision to supported health facilities and DoH staff, building capacity to monitor screening processes, adhere to IPC standards, and respond to overall needs.



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

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,



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

supporting primary health facilities capacity to provide essential services.

- 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.

Camp Coordination and Camp Management (CCCM)

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 the second tranche of COVID-19 prevention kits in Salah Al-Din.



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

1,193 families received second tranche of COVID-19 prevention kits in Salah Al-Din.

- Distributed 532 hygiene kits (masks and sanitizers) in all AAF camps in Anbar, in addition to COVID-19 flyers to 623 secondary and primary school students in the same camps.
- Conducted community mobilization activities for COVID 19 hygiene promotion sessions in five informal sites in Salah Al Din, attended by 140 individuals.
- The CCCM teams conducted seven hygiene awareness sessions for 500 children in seven informal sites in Baghdad.



Protection

The following main activities were implemented:

- Provided case management to 25 victims of trafficking (VoT), and 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 field visits when possible, and otherwise by phone.
- Provided protection information services on rights and services through protection help desks located in IOM safe spaces and helped people access services through referrals where appropriate. IOM teams led information sessions in Sharya and Khanke camps in Dohuk and Hassan Sham camp, Mosul, and Sardashti informal settlement in Ninewa.
- Provided protection monitoring focus group discussions in Erbil, Dohuk, and Kirkuk governorates. These focus group discussions took place at health facilities supported by IOM and focused on protection issues related to the COVID-19 situation, including access to



283 beneficiaries reached through the Protection help desks.

126 beneficiaries reached through protection monitoring focus group discussions in Erbil, Dohuk, and Kirkuk governorates.

2 training sessions on PFA conducted in Anbar and Baghdad.

healthcare and public attitudes towards COVID-19. The findings will inform protection and RCCE awareness sessions and health programming.

- In April, the IOM MHPSS team, in coordination with the MoH, the Karkh and Resafa DoH in Baghdad, and the Anbar DoH, provided two training sessions on remote-psychological first aid (PFA) for DoH staff in Baghdad and Anbar. 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 began conducting an assessment about the psychological impact and effect on the medical and health staff working in PHCCs during the pandemic.



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

Addressing Socio-Economic Impacts of The Crisis

The following main activities were implemented:

- Provided Enterprise Development Fund (EDF) grants to 58 Small Medium Enterprises (SMEs) following the verification of application and the investment committee visits where the committee selected SMEs that had viable business plan to expand their activity and create new jobs. In parallel, 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 Business Support Package (BSP) as part of individual livelihoods (ILA) services to 57 beneficiaries in Sulaymaniyah, Thi-Qar, Diyala, Najaf, and Kirkuk.
- Conducted Cash for Work (CfW) activities for 27 beneficiaries in Anbar in a returnee community allowing returnees to perceive cash to cover their most immediate needs exacerbated by the negative economic impact of the COVID-19 pandemic.



58 SMEs selected to receive an EDF grant and signed a service agreement.

57 beneficiaries received ILA services.

27 beneficiaries engaged in CfW activities.

- Identified 24 infrastructures 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



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:



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