COVID-19 was first detected in Iraq on 24 February 2020. Aware that Iraq’s health system may struggle to cope with a major outbreak, the Iraqi authorities rapidly closed borders, points of entries and restricted movements in public areas. These preventative actions kept case numbers significantly lower than neighbouring countries, until movement restrictions were loosened in late April which - along with an increased testing regime - has resulted in an acute surge in the number of confirmed cases. In May and June, cases were recorded in internally displaced persons (IDP) camps, though widespread transmission has not occurred in-camps. As of 20 July, the Iraq Government has partially lifted movement restrictions and announced airports would re-open with new arrival regulations as of 23 July.

1 For IOM Iraq COVID-19 Strategic Response Plan, please visit www.iomiraq.in
3 COVID-19 Addendum to the Humanitarian Response Plan 2020 - Iraq

COVID-19 awareness brochures distributed by IOM Iraq in Hassansham camp, Ninewa. IOM/Anjam Rasool
Coordination and Partnerships

IOM Iraq is working with WHO to align COVID-19 activities, including through the UN Country Team and as a member in the Humanitarian Operational Cell for COVID-19. IOM contributed to the Global Humanitarian Response Plan, and the Iraq Humanitarian Response Plan updates alongside the UN Humanitarian Country Team through Inter Cluster Coordination Group (ICCG) and the Health Cluster with WHO. IOM is working with UNCT and particularly UNDP on the Socioeconomic Response Framework. IOM continues to co-ordinate with the new Durable Solution Taskforce co-led by UNDP and IOM to support voluntary returns of IDPs from camps. IOM is now co-leading the Health Cluster Taskforce for health partners, WHO, Ministry of Health (MoH), and CCCM partners and developing a preparedness and response plan. This includes establishing Quarantine/Isolation areas where needed in IDP camps. IOM continues to meet and co-ordinate plans with the Ministry and Directorates of Health in Baghdad, Erbil, Dohuk, Ninewa and Kirkuk, and is working with the Border Points Commission (BPC) to support the co-ordination of entities working at the borders and PoEs.

Tracking Mobility Impacts

The following main activities were implemented:

• In April 2020, the IOM Iraq DTM launched a COVID-19 Mobility Restrictions data collection exercise. It describes changes in mobility and migration flows, including due to measures to curb the spread of the virus, within Iraq and across borders in the region. The information is collected by monitoring PoEs and government updates. Fortnightly reports are produced along with updates to the global platform.

• DTM launched a COVID-19 dashboard that provides data on the status of healthcare services, public awareness levels, access to services, movement restrictions and the overall impact of the COVID-19 pandemic across Iraq. Data was collected for 401 sub-districts with two rounds finalised (9-13 April 2020 and 3-9 June 2020) utilising the network of key informants across the country. DTM is also producing a brief health and mobility survey at border points of the Kurdistan Region of Iraq (KRI).

The reports and dashboard can be accessed at the IOM Iraq DTM website.
**Risk Communication and Community Engagement (RCCE)**

The following main activities were implemented:

- Design and distribution of different types of IEC materials covering WHO precautions, mental health during lockdown, protection, safety-related issues, Gender-based Violence (GBV) and gender-related considerations and COVID-19 and Observance days (Nawrouz Ramadan, Eid, etc).

- Awareness/sensitization sessions on COVID-19 held, for individuals in camp and non-camp settings in Baghdad, Najaf, Diyala, Dohuk, Ninewa, Kirkuk, Kerbala, and Qadisiyyah.

- Online RCCE capacity building session with Civil Society Organizations (CSOs) and volunteer networks in Diyala, Dohuk, Ninewa, Kirkuk and Kerbala. Information, Education and Communication (IEC) materials were shared to support community engagement and sensitization activities.

**Points of Entry (PoE)**

The following main activities were implemented:

- Supporting MoH, and working with WHO, and other governmental bodies such as the BPC to strengthen public health capacities and encourage a multi-sector response. This includes Baghdad International Airport and Salamcha ground crossing in Federal Iraq and Erbil International Airport and Ibrahim Al Khalil in the Kurdistan Region. Planning is ongoing to ascertain the most critical PoE and align with Government priorities, while supporting the MOH to implement contextualized approaches responsive to the specific needs of each PoE and the epidemic trends.

**Infection Prevention and Control (IPC)**

The following main activities were implemented:

- Two virtual trainings conducted for health workers at IOM primary health care facilities and mobile medical teams and a local NGO on COVID-19 including screening, isolation, triage, core elements for infection, prevention and control (IPC), and proper use of personal protective equipment (PPE).

- Nine IOM staff participated in a three-day ‘Train the Trainer’ course from 30 June to 2 July, with training modules including IPC and PPE usage.

- Screening and Triage areas established in IOM supported health clinics in camps in Kirkuk, Ninawa, Dohuk, Anbar, and Erbil.

**Coordination with MoH to strengthen IHR implementation and reinforce public health capacities at PoEs**

- Hygiene promotion sessions held at Hasansham IDP camp for community mobilizers and focal points, with IEC flyers and posters, and hygiene matching card games for children distributed.

- Local authorities trained on distributing Personal Protective Equipment (PPE) and disseminating health and risk messages.

- Online catch-up classes organised, targeting IDP and returnee students in grades 9-12 to help them continue their interrupted education.
Case Management and Continuity of Essential Services

The following main activities were implemented:

- In collaboration with MoH, two orientation sessions held on providing essential health services during the outbreak, to enable MOH to resume primary health care services. Sessions focused on the implementation screening, triage and isolation at Primary Health Care Centres (PHCC).

- Guidance provided to Hawler Teaching Hospital on implementing practical measures to reduce the risk of disease transmission in the out-patients departments, as they resumed service provision.

- 41 MoH personnel trained on providing essential health services

Quarantine/Isolation areas set up in 5 IOM supported health clinics in camps

- Support provided to establishing quarantine/Isolation areas in five IDP camps in Kirkuk, Ninawa, Anbar, and Erbil. In Laylan Camp in Kirkuk, IOM is collaborating with MSF for health care and operational coverage for confirmed asymptomatic and symptomatic mild-moderate cases; confirming referral procedures, coordinating face mask procurement and distribution and jointly training staff on IPC standards.

Camp Coordination and Camp Management (CCCM)

The following main activities were implemented:

- Established remote CCCM management mechanisms for displaced community leaders in 24 camps and 63 informal sites in Anbar, Baghdad, Ninewa, and Salah Al-Din.

- Support provided to the CCCM Cluster for planning and operationalizing steps to prevent, contain or manage COVID-19 cases in camps and informal settlements. In IOM-supported camps, identifying an isolation point area at the request of UNHCR and WHO, and in partnership with other health actors.

- Scaling up hygiene promotion and health awareness where possible, including AAF camps in Anbar; and community awareness raising in informal settlements in Sinjar Mountain.

- Monitoring and providing referrals of suspected cases in informal settlements supported with CCCM.

- 24 camps and 63 informal sites supported with CCCM to prevent, contain, or manage cases

IOM’s CwC team conducting a COVID-19 awareness session in Hassansham camp, Ninewa. IOM/Anjam Rasool
Protection
The following main activities were implemented:

- Providing case management to 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 community-based focal points and peer support volunteers when possible, and otherwise by phone. Staff used IOM Iraq’s suicide prevention SOP, which focuses on building support and safety-nets in the community, with referrals to specialized services.

- Providing over 1,004 hours of trainings to partner CSOs and I/NGOs across the country to expand service provision capacity.

- Organizing mental health and psychosocial support sessions to sensitize camp management and sector leaders in Hassansham on COVID-19 prevention measures and dealing with stress during and/or related to the pandemic. In Hassansham and IDP camps in Dohuk, youth and volunteers previously trained by IOM to provide peer support and basic psychological support to communities and families were provided with ongoing coaching and supervision, and equipped with hygiene items and PPE.

- Delivering online awareness raising sessions on effective coping mechanisms under quarantine/lockdown, personal health and hygiene, and psychological abuse that may take place during the lockdown, in Ninewa, Kerbala, Dhi Qar, and Najaf.

- Remote protection monitoring in Sardashti informal site and Sharya camp, in coordination with the National Protection Cluster (NPC) and partners by the Protection teams in Dahuk and Sinjar. The monitoring was conducted as part of an NPC-led effort using common tools.

- Migrant Assistance: IOM delivered the first round of cash assistance to vulnerable migrants in Iraq who lost their incomes due to the pandemic. The recipients — Bangladeshi and Filipino nationals — were referred by their respective embassies. Based on the minimum expenditure basket, people received USD 182 to cover food, rent, and utilities. IOM is following up with beneficiaries, in addition to new cases referred by Embassies.
Addressing Socio-Economic Impacts of The Crisis

The following main activities were implemented:

• As part of support to the Iraqi private sector, IOM pivoted the Enterprise Development Fund (EDF) grants program to businesses that could support to scale up activities related to medical equipment and supplies, online delivery and other essential activities during lockdown.

• An online campaign and Facebook live stream was held for Small and Medium-sized Enterprises (SMEs) interested in submitting EDF online applications.

There were 4,057 online applications received from businesses registered in 12 governorates. Of these, 846 applications passed the Expression of Interest stage and 22 SMEs initially selected to receive grants.

• Released a call for online Individual Livelihoods Assistance (ILA) applications, with over 30,000 ILA online applications in Sulaymaniyah, Erbil, Salah Al Din, Baghdad and Diyala, and applications sought from Ninewa and Dohuk.

IOM is mainstreaming disability inclusion through programming. This includes tracking disability prevalence, and supporting that programming is responsive and inclusive to needs. IOM supports the Iraqi Alliance of Disability Organizations through donating hygiene items for onward distribution to people living with disabilities in Baghdad.

IEC Materials

IOM Iraq has created and disseminated IEC materials in English, Arabic and Kurdish languages: