COVID-19 RESPONSE OVERVIEW #2

21 July - 17 August 2020



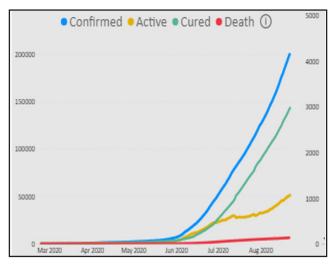
SITUATION OVERVIEW



IOM IRAQ COVID-19 Strategic Response Plan¹ February-December 2020, \$USD20.4million 180,133 Confirmed Cases | 45,234 Active Cases | 128,945 Cured Cases | 5,954 Death Cases²

The Government of Iraq (GoI) extended the nationwide lockdown measures to curb the spread of COVID-19. These measures include restrictions on commercial activity as well as civilian movements across the country. The approach of local authorities to enforcing these restrictions continue to vary across governorates. Moreover, non-essential movement restrictions between Federal Iraq's governorates remain in effect. Across the country, essential services relating to health and food remain exempt from these restrictions, so long as they adopt strict health regulations.

The Kurdistan Regional Government (KRG) extended the restrictions on non-essential civilian and vehicular movements between Kurdistan Region of Iraq (KRI) and Federal Iraq. Exemptions to these restrictions can be made to those working in health care, trade and agriculture, as well as KRG residents or those holding KRG identity cards. Restrictions on movements between KRI governorates also remain in place; exemptions are subject to special approval via an online application system administered by governorate authorities. Unlike in Federal Iraq, no curfews are currently imposed in KRG.



Cumulative Distribution of Cases in Iraq by Health Status

In terms of aviation, international airports in Baghdad and Basra remain open for commercial flights following their re-opening by the Iraq Civil Aviation Authority (ICAA) on 23 July. Additionally, the airport in Erbil re-opened for commercial flights on 1 August.



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 uploaded daily based on data from the Ministry of Health (MoH) of Iraq: $\frac{https://bit.ly/2Oy1eC8}{https://bit.ly/2Oy1eC8}$

³ http://iraqdtm.iom.int/COVID19/MovementRestrictions



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

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-19IOM alongside UNCT and UNDP colleagues are finalising the Socioeconomic Response Plan (SERP). 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 Camp Coordination and Camp Management (CCCM) partners and developing a preparedness and response plan. 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 Points of Entry (PoEs). Recently, IOM coordinated closely with officials from the Erbil International Airport, MoH, WHO, and other key partners during the reporting period to initiate the PoE response prior to the airport's reopening.



More than 8 coordination meetings conducted.



Tracking Mobility Impacts

The following main activities were implemented:

- IOM Iraq's <u>Displacement Tracking Matrix (DTM)</u> assessed 30 locations including airports and PoEs along land borders and maritime boundaries, of which ten were reported as closed, eight partially open, and 12 open only for commercial traffic. DTM produced two Iraq mobility restriction reports covering 14-27 July and 28 July-10 Aug presenting an overview of mobility restrictions for the monitored PoEs which are partially open and open for commercial traffic, as well as for Iraq in general.
- DTM collected data at border crossing points with neighboring countries and published a report to



- Iraq mobility restriction reports
- 1 Movement restriction and health measures at border crossing points report published

better understand movement restrictions and health measures during the COVID-19 outbreak. Data was gathered through face-to face interviews with key informants (KIs), government and health employees, and observation at three border crossing points: Ibrahim Al-Khalil, bordering Turkey, Fishkhabour, bordering the Syrian Arab Republic and Bashmagh, bordering the Islamic Republic of Iran.



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:

- Design and distribution of different types of Information, Education and Communication (IEC) materials on Eid Al-Adha and COVID-19 Precautions.
- 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.
- Community consultations held at Hasansham IDP camp to test the newly COVID-19 game-based materials.



More than **123** awareness/sensitization sessions, reaching over **3,000** individuals in camp and non-camp settings in **8** governorates.

More than **160** COVID-19 flyers printed and distributed.

- Animation was designed on usage of medical and non-medical masks, including acommunity consultation to test the animation in AAF camp.
- Printing and distribution of COVID-19 flyers.
- A phone-based assessment covering camps conducted to assess information gaps on COVID-19 and communication channels that can be utilized.

Points of Entry (PoE)

The following main activities were implemented:

 Supported the development of a 'Health Declaration Form' for airport officials that includes basic information about travelers and their health status and will facilitate the monitoring of travelers while in self-quarantine. This form will allow airport officials to monitor travelers arriving at Erbil International Airport. This tool and associated monitoring process will be adapted and implemented alongside of Government officials in other locations.



10,000 Copies of Health Declaration Form distributed

 Provided an initial supply of 10,000 copies of the Health Declaration Form along with hand sanitizer and posters for the first week of airport operations. The form was also distributed to airlines to share share with passengers prior to arrival.

Infection Prevention and Control (IPC)

The following main activities were implemented:

 Distribution of initial batches of IPC/cleaning supplies and personal protective equipment (PPE) to two select clinics in Erbil. Material distribution was accompanied by an orientation on screening and triage SOPs.



2 Health clinics received IPC/cleaning supplies and PPE.

More than 4,000 individuals screened or triaged

 Screening and Triage processes continued at health clinics prior to patient consultations (Ninewa – Jadaa camp; Shekhan camp; Erbil – Debaga camp; Kirkuk – Yahyawa camp; Anbar – Al Mateen camp).



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:

- Ongoing 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.



- 24 Camps and 63 informal sites supported with CCCM to prevent, contain, or manage cases.
- 25 Promotion and health awareness campaigns conducted, reaching 680 beneficiaries.
- IOM continued scaling up hygiene promotion and health awareness campaigns where possible in the informal sites and formal camps with the distribution of leaflets/posters related to fighting the COVID-19 spread while conducting the campaigns.
- Monitoring and providing referrals of suspected cases in informal settlements supported with CCCM.

Protection

The following main activities were implemented:

- IOM continued 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. To further understand the MHPSS needs across the country, IOM is implementing an MHPSS survey among target areas and expects to have results by the end of August.
- IOM protection teams in Dohuk and Sinjar have continued remote protection monitoring activities in Sar-



More than **100** key informant interviews conducted for protection monitoring.

The second round of cash assistance is ongoing.

dashti informal site and Sharya camp. The fourth round of the National Protection Cluster (NPC) led Protection Monitoring is ongoing — with each round lasting for 3 weeks with the final week of August designated for data analysisMigrant Assistance: IOM continued its cash assistance programming to vulnerable migrants in Iraq who have lost their incomes due to the COVID-19 pandemic. The second round of cash assistance is ongoing. As in previous round, based on the minimum expenditure basket, each individual will receive USD 182 to enable them to meet essential needs such as food, rent, and utilities. IOM completed its post-distribution activity to determine the feasibility of this intervention and how these individuals used the cash assistance and is analysing results.



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:

As part of support to the Iraqi private sector, IOM supported a wide range of Small and Medium Enterprises (SMEs) through Enterprise Development Fund (EDF) including businesses supporting COVID-19 responses by producing Personal Protection Equipment (PPE) and other supplies, online delivery and other essential activities during lockdown. Milestone verification and monitoring were conducted, and SMEs continued to receive financial support in instalments. Selection process (Investment Committee Visits) to



22 SMEs out of 846 EDF applications selected to receive an EDF grant.
10,904 Applications were received for ILA.

select more businesses is ongoing.

Online campaign and outreach activities continued to provide information on individual livelihood assistance (ILA), Cash-for-Work (CfW) and EDF. Applications and Expression of Interests (EOI) were accepted online, and profiling of potential beneficiaries for ILA has been ongoing over the phone to ensure safety of the beneficiaries and staff.

IOM is ensuring gender and disability inclusion are mainstreamed through programming across the country mainstreaming gender and disability inclusion through programming. 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.

IEC Materials

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

الحفاظ على مسافة آمنة لا يعني أنه عليكم التوقف عن التواصل مع بعضكم البعض. أثناء الحظر، علينا الاستمرار بدعم بعضنا البعض خاصة كبار السن والأشخاص ذوي الإعاقة والتأكل من تلسة احتياجاتهم







IOM Iraq COVID-19 Response Supported By:





















