IOM IRAQ

COVID-19 RESPONSE OVERVIEW #6

10 November - 6 December 2020

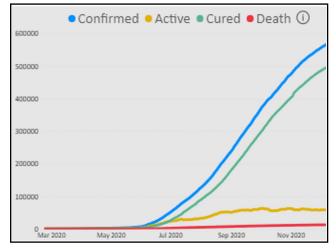


SITUATION OVERVIEW

IOM IRAQ COVID-19 Strategic Response Plan¹, February-December 2020, USD 20.45 million 564,200 Confirmed Cases | 58,201 Active Cases | 493,567 Cured Cases | 12,432 Death Cases²

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.

International airports in Baghdad, Basra and Erbil remain open for commercial flights but are still running at lower capacity than prior to the pandemic. Flights for emergencies, medical evacuations, carrying cargo and chartering remained operational between 20 October - 2 November.³



Cumulative Distribution of Cases in Iraq by Health Status



1 IOM Iraq COVID-19 Strategic Response Plan: https://bit.ly/3mxvtrA

3 COVID-19 Mobility Restrictions and Public Health Measures Report – 3 – 30 November 2020: http://iraqdtm.iom.int/COVID19/MovementRestrictions

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: https://bit.ly/20y1eC8_____



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 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 has continued to coordinate closely with

Several coordination meetings conducted.

officials from Erbil and Baghdad International airports, Ibrahim-Khalil ground crossing in Dohuk, and Haj Omran ground crossing in Erbil, MoH, WHO, and other key partners to plan additional support and discuss technical guidance.

 IOM Iraq has coordinated with Health Cluster partners, camp management agencies, and other stakeholders in governorates where supported health clinics are affected by IDP camp closures. Coordinated assessments and planning for next steps are ongoing.

Iraq mobility restriction report published.

Tracking Mobility Impacts

The following main activities were implemented:

IOM Iraq's <u>Displacement Tracking Matrix (DTM</u>) assessed 30 locations including airports and Points of Entry (PoEs) along land borders and maritime boundaries. Six were reported as closed, 10 partially open, three open, and 11 open only for commercial traffic, as well as domestic movement restrictions. DTM produced one Iraq mobility restriction report⁴ during the reporting period, presenting an overview of mobility restrictions for the monitored PoEs as well as for Iraq in general.



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 Najaf, Basra, Dohuk, Ninewa, Kirkuk, and Diyala.
- IOM Iraq held sensitization/awareness sessions on COVID-19 with children ages 7-15 in Al Sheikhan camp in Ninewa and Debaga camp in Erbil. 10 small group sessions were also held to cover a total of 83 youth. As part of the activities, children's' information, education and communication (IEC) materials (board games, coloring books, card games) were distributed to the participants.
- Hygiene promotion/health sessions for community mobilizers, community leaders, and children in in Anbar and Salah Al-Din to raise awareness on COVID-19 hygiene precautions.
- IOM Iraq has conducted a two-day training for civil so-

Over 345 awareness/sensitization sessions, reaching more than 1,300 individuals in camp and non-camp settings in 9 governorates.

More than **87,000** COVID-19 card games, board games, coloring books, leaflets, flyers and posters distributed.

ciety organization (CSO), and volunteers on Communication with Communities (CwC) and COVID-19 in Ninewa, Anbar, and Salah Al-Din attended by 25 participants.

- RCCE materials (roll up signs, etc.) were delivered to the Erbil International Airport.
- IEC materials were delivered to Zanko Health Center in Erbil in three languages (English, Arabic, and Kurdish). Materials were designed to increase awareness of the testing process, and signs were installed to improve flow management within the facility.
- Printing and distributing COVID-19 card games, board games, coloring books, leaflets, flyers, and posters.

Disease Surveillance

The following main activities were implemented:

5 CBS Officers have been onboarded in **6** governorates and completed the ToT sessions.

- Five Community-based surveillance (CBS) officers completed their virtual onboarding, including capacity building from RCCE team on RCCE, rumour tracking, and community feedback mechanisms. Trainings for a network of surveillance focal points within targeted IDP camp communities is being planned at the field level.
- CBS officers have completed the Training of Trainers (ToT) sessions with IOM's training consultant during the reporting period. These trained CBS staff are being planning the logistics for field-based trainings of CBS focal points who will conduct daily CBS activities in targeted camps.

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Points of Entry (PoE)

The following main activities were implemented:

- Delivered roll up banners to authorities at Erbil International Airport with information for travellers' awareness of new health and safety measures, and floor stickers to guide social distancing.
- Coordinated with officials at Erbil and Baghdad International airports, Ibrahim-Khalil ground crossing in Dohuk, and Haj Omran ground crossing in Erbil to plan additional support and discuss technical guidance.
- Conducted a TOT training for Migration Health Unit (MHU) staff, building the capacity of MHU to train

Technical support for PoE activities continued.

21 staff from the Erbil International Airport participated in a training for health officers at PoE.

officials at both airports and land crossings. A training plan was developed with officials to ensure that trainings will not disrupt daily PoE services.

21 staff from the Erbil International Airport participated in a training for health officers at PoE. Modules included an overview of COVID-19, introduction to public health response and International Health Regulations (IHR), management and referral of sick travellers, risk communication, and more.



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

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Infection Prevention and Control (IPC)

The following main activities were implemented:

- Conducting IPC trainings for DoH clinical and non-clinical staff at supported clinics in Erbil (Hawler Teaching Hospital and MalaFandi PHCC) on topics of IPC, screening and triage of COVID-19, preventing transmission of COVID-19, rationale use of PPE, and more.
- Screening and Triage processes continued at IDP health clinics prior to patient consultations (Ninawa – Jadaa

Case Management and Continuity of Essential Services

The following main activities were implemented:

- Continuing support to 23 outpatient health facilities and six inpatient facilities in Anbar, Erbil, Dohuk, Kirkuk, Ninewa, and Baghdad governorates. Support included human resources support, capacity building, supplies and equipment, and technical support.
- · Supporting six DoH COVID-19 response teams re-

19 DoH clinical and non-clinical staff trained. More than **70,000** individuals screened or triaged for COVID-19 at supported health clinics.

camp; Shekhan camp; Erbil – Debaga camp; Kirkuk – Yahyawa camp; Anbar – Al Mateen camp). These processes are underway in 20+ community clinics throughout Anbar, Baghdad, Erbil, Dohuk, Kirkuk, and Ninewa, ensuring patients were screened for COVID-19 prior to health consultation.

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

6 DoH COVID-19 response teams supported.

sponsible for monitoring contacts in self-quarantine and suspected/confirmed cases in home isolation. The teams are attached to the health facilities that are supported in Kirkuk.





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

Camp Coordination and Camp Management (CCCM)

The following main activities were implemented:

- Ongoing remote CCCM management mechanisms for displaced community leaders in 2 camps⁵ and 65 informal sites in Anbar, Baghdad, Ninewa, and Salah Al-Din.
- Continuing to follow up with the committees (Women Empowerment Group [WEG], Youth Empowerment Group [YEG] and managements committees) for any COVID-19 cases registered in the sites.
- Completing the installation of hand-free wash stations in AAF camp in Anbar, and there is an ongoing coordination with partners to establish quarantine area in the same camp.

1 Camps and **5** informal sites supported with CCCM to prevent, contain, or manage cases.

1,756 COVID-19 preventive kits distributed.

- Ongoing work to install handwashing stations in the IOM supported sites in Ninewa, Anbar, and Salah Al-Din. IOM Iraq has produced posters related to correct usage of the station for both the foot- and the elbowoperated pedal for persons with disabilities.
- Conducting hygiene promotion sessions for children about COVID-19 and distributing COVID-19 game cards for children in the targeted sites in Tal Abta, and Sinjar in Ninewa.
- Distributing COVID-19 preventative kits to households (HHs) in 11 informal sites in Baiji in Salah Al-Din and 20 informal sites in Mosul in Ninewa.

Protection

The following main activities were implemented:

- Provided 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 field visits when possible, and otherwise by phone.
- Completed a Mental Health and Psychosocial Support (MHPSS) survey among target areas and an assessment on livelihoods and MHPSS integration in IDP locations like Dohuk, Hassan Sham in Ninewa, and Wahed Huzeiran in Kirkuk, and is analysing the results and plans to pilot activities in Kirkuk in late December 2020; and developed a leaflet to support bereaving families who lost a loved one to suicide in Arabic and English.

- More than **420** beneficiaries reach through the Protection help desk and 68 beneficiaries reached through referrals.
- Providing protection information services on rights and services through protection help desks located in IOM safe spaces and helping people to access services through referrals where appropriate. In addition to carrying out community outreach through door-to-door information sessions. IOM teams are providing information sessions in Sharya and Khanke camps in Dohuk and Hassan Sham camp, Mosul, and Sardashti informal settlement in Ninewa.

⁵ The number of supported camps decreased as some camps were closed at the end of November, AAF camp in Anbar was considered as 16 sub camps, and it is now considered as one camp. IOM has started managing Jeddah camp in Ninewa.



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

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Addressing Socio-Economic Impacts of The Crisis

The following main activities were implemented:

- Supporting Small and Medium Enterprises (SMEs) through the Enterprise Development Fund (EDF) including businesses supporting COVID-19 responses by producing PPE and other supplies, online delivery and other essential activities. Both Calls for Expression of Interests (EoI) for two types of EDF (EDF-Women and EDF- Renewable Energy) closed on 22 November. IOM has continued its monitoring activities to the SMEs that have been granted an EDF grant and conducts milestone verifications.
- Delivering Business Development Support (BDS) training to 117 beneficiaries in Babylon, Karbala, Ninewa and Sulaymaniyah. These 117 beneficiaries are now working on their business plans. When the business plans are approved, they will receive a Business Support Package (BSP) grant. IOM Iraq has also

Milestones verification and monitoring were conducted to the SMEs received an EDF grant.

117 Beneficiaries received BDS training in preparation for receiving BSP grant.

39 COVID-19 related CfW projects targeted1,286 beneficiaries implemented.

profiled 134 beneficiaries and shortlisted 90 beneficiaries to access individual livelihood activities services in Ninewa.

Implementing several COVID-19 related CfW activities to support individual livelihood. Six CfW activities are currently ongoing, supporting 542 beneficiaries. During the reporting period, 39 CfW activities were completed, which benefited 1,286 individuals including eight COVID-related CfW projects were completed during the reporting period in Ninewa, Thi-Qar, and Salah al-Din, which benefited 171 beneficiaries.

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.

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.

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