

IOM IRAQ

# COVID-19 RESPONSE OVERVIEW #13

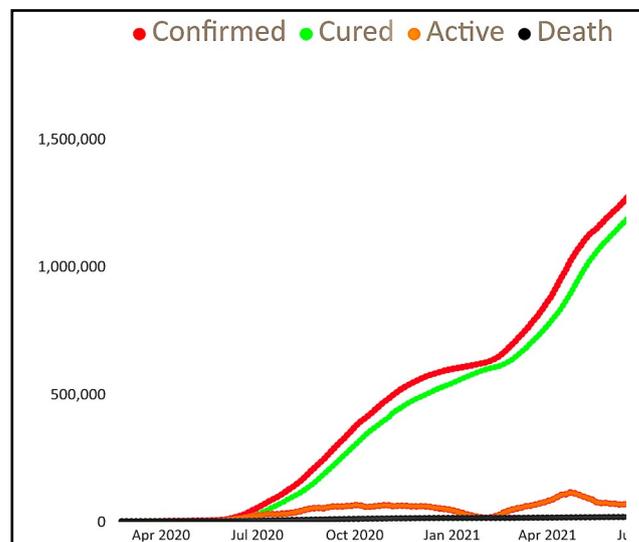
24 May - 30 June 2021



**IOM IRAQ COVID-19 Strategic Response Plan<sup>1</sup> February-December 2020, USD 20.45 million**  
**1,338,604 Confirmed Cases | 80,407 Active Cases | 1,240,978 Cured Cases | 17,156 Deaths<sup>2</sup>**

There were several changes 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 were 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. Violations 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 public health requirements, including testing and quarantine periods.<sup>3</sup>



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, 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.



### Several Coordination Meetings Conducted

- In co-ordination with MoH and different Departments of Health (DoH), an implementation guide on all COVID-19 preparedness and response activities was prepared, covering screening and triage, Risk Communication and Community Engagement (RCCE), community-based surveillance (CBS) and Infection Prevention and Control (IPC) management. The implementation guide included data collection tools developed, reporting forms, training manuals and Standard of Operations (SoPs).

## 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). DTM assessed 31 locations including PoEs along land borders and maritime boundaries. Five were reported as closed, 10 partially open, four



### 1 Iraq mobility restriction and public health measures report published

open, and 12 open only for commercial traffic<sup>4</sup>. 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.

<sup>1</sup> For IOM Iraq COVID-19 Strategic Response Plan, please visit [www.iomiraq.in](http://www.iomiraq.in)

<sup>2</sup> 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>

<sup>3</sup> IOM Iraq - COVID-19 Mobility Restrictions and Public Health Measures Report (1 March – 31 May 2021): [http://iraqdtm.iom.int/COVID19/MovementRestrictions\\_Health-Measures](http://iraqdtm.iom.int/COVID19/MovementRestrictions_Health-Measures)

<sup>4</sup> 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 on COVID-19 precautionary measures in the targeted governorates including leaflets, posters, contact/calling cards with hotline numbers, and coloring books and board and card games were distributed to children, adults, and the elderly (women and men, girls and boys) in internally displaced persons (IDP) camps, informal settlements, host communities, schools, healthcare centers and their catchment areas, markets, and through door-to-door and household visits.
- Communication with Communities (CwC)/Accountability



Over **670** awareness/sensitization sessions, reaching more than **6,400** individuals in camp and non-camp settings in **8** governorates.

More than **10,000** IEC materials printed & distributed

to Affected Populations (AAP) training session conducted for Health staff in Duhok and Anbar.

- Ten community mobilizers and volunteers trained on RCCE.
- In Debaga camp in Erbil, partners and camp management were supported to roll-out two successful vaccination campaigns which saw 2,547 internally displaced persons (IDPs) fully vaccinated.
- In Al-Mateen (AAF) camp in Anbar, 164 IDPs returning to their areas of origin were supported with health screenings, hygiene kits, and health information briefings to address questions and concerns before travel.
- In all supported governorates, RCCE continued to support in the installation of complaints and suggestion boxes inside health facilities to increase and strengthen accountability.

**Disease Surveillance**

The following main activities were implemented:

- CBS activities were conducted in four supported IDP camps (Ninawa – Jeddah 5 camp; Shekhan camp; Erbil – Debaga camp; Anbar – AFF camp).
- During active case finding efforts, 174 IDPs were identified



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

as suspected cases, of which 145 were referred to camp health facilities, 137 individuals referred by the CBS team visited the clinics, where in-depth assessment by the clinicians indicated 107 were either probable or suspected COVID-19 cases.

**Infection Prevention and Control (IPC)**

The following main activities were implemented:

- Screening and Triage processes continued at five IDP camp clinics and six community clinics throughout Anbar, Baghdad, Erbil, Dohuk, Kirkuk, and Ninewa, ensuring patients are screened for COVID-19 prior to consultations.



More than **37,340** individuals screened or triaged for COVID-19 at supported health clinics.

**Always** wear a mask or face covering in public places and large gatherings.

**Never** share your mask with others.

Do not reuse medical masks; dispose of them safely after each use. Wash fabric masks **every day**.

**STAY HOME** and call **123** if you have any COVID-19 signs or symptoms. Refer to your closest health facility if necessary.

For more information, please contact the IOM call center: 80012525 (free) / 0662112526

**How to protect yourself & your community from COVID-19**

IOM UN MIGRATION, European Union, and other partner logos.

## 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



**11** health facilities supported in Anbar, Erbil, Dohuk, Kirkuk, Ninewa, and Baghdad governorates.

The following main activities were implemented:

- Continued support to 11 health facilities in Anbar, Erbil, Dohuk, Kirkuk, Ninewa, and Baghdad governorates. This included human resources support, capacity building, supplies and equipment, and technical support.



### 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 CCCM management mechanisms for displaced community leaders in two 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.
- In Ninewa, IOM CCCM teams conducted COVID-19 awareness sessions in seven informal sites.

### Protection



**204** beneficiaries received case management support.

**1** PSEA training conducted for humanitarian actors operating in Jeddah 5 Camp.

Draft strategy on suicide prevention presented in Baghdad and Erbil.

The following main activities were implemented:

- Provided case management to 42 victims of trafficking (VoT), 86 general protection cases, and 176 survivors of gender-based violence in Dohuk, Ninewa, and Salah Al-Din governorates. 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.
- Continued providing support to vulnerable cases in Jeddah camps. In coordination with the National Protection Cluster and InterSOS, IOM Protection provided preventing sexual exploitation and abuse (PSEA) training to humanitarian actors operating in Jeddah 5 camp; and conducted post-returns protection monitoring with nine households in Shirqat who had voluntarily returned from Jeddah 5 to their areas of origin.
- The IOM MHPSS team, in coordination with the MoH, presented a draft strategy on suicide prevention in Baghdad and Erbil. IOM continued to support and train the National Protection Cluster, the Government of Iraq, local Ninewa authorities, and the WHO staff to understand MHPSS needs across the country; IOM places a special emphasis on trainings in Jeddah Camps, where there are significant MHPSS needs. Similarly, IOM provided a package of technical guidance and an implementation guide for primary health care centers/DoH partners in Iraq that focus on COVID-19 screening and triage independently and/or in other health facilities.

## 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:

- Approved 69 small and medium-sized enterprises (SMEs) to receive Enterprise Development Fund (EDF) from Ninewa, Erbil, Basra, Sulaymaniyah, Salah Al-Din, Dohuk, Baghdad, and Diyala. The selection was made based on their business plan viability to expand their businesses and create new jobs. IOM continues to select SMEs that applied to various EDF calls launched this year, including EDF-Women, EDF-Agriculture and EDF-Renewable Energy.
- Provided individual livelihood assistance (ILA) services to 26 beneficiaries in the form of on-the-job training (OJT) in Dohuk and Ninewa.
- Conducted Cash for Work (CfW) activities for 166 beneficiaries in Anbar, Dohuk, and Ninewa.
- Six additional infrastructure projects in Health and WASH sector have been identified in Sulaymaniyah, Erbil, Ninewa, and Anbar, which makes the total number of projects 31, covering 10 governorates in Iraq. They will contribute to strengthen basic services in health and WASH sectors in the midst of COVID-19 pandemic.



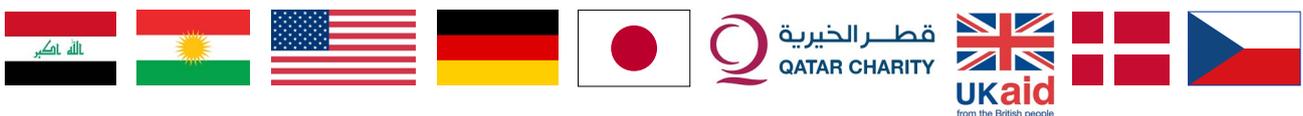
**69** SMEs approved to receive an EDF grant.  
**26** beneficiaries received ILA services.  
**166** beneficiaries engaged in CfW activities.



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:



**USAID**  
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**Canada**

For more information please contact us at [IRAQPSU@iom.int](mailto:IRAQPSU@iom.int)

