

IOM IRAQ

# COVID-19 RESPONSE OVERVIEW #9

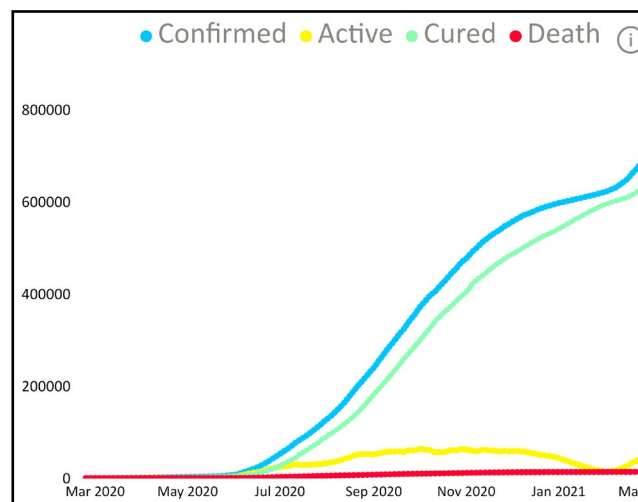
26 January - 22 February 2021



IOM IRAQ COVID-19 Strategic Response Plan<sup>1</sup> February-December 2020, USD 20.45 million  
 675,982 Confirmed Cases | 39,334 Active Cases | 623,337 Cured Cases | 13,311 Death Cases<sup>2</sup>

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. Between January and mid-February 2021, a ban was imposed at the country's international airports of travellers coming from countries with high rates of the new and highly contagious strain of the virus. On 18 February 2021, this rule was rescinded, with travellers from all countries permitted to enter contingent on following public health requirements, including testing and quarantine periods.



Cumulative Distribution of Cases in Iraq by Health Status



In support of the national response to COVID-19, IOM Iraq's Mental Health and Psychosocial Support team delivered a series of trainings on the provision of remote psychological first aid (r-PFA)

<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>

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 the KRI region, as proposed by WHO/MoH KRI in March 2021.

## Tracking Mobility Impacts



### 1 Iraq mobility restriction report published

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 well as domestic movement restrictions. DTM produced one Iraq mobility restriction report<sup>3</sup> during the reporting period, presenting an overview of mobility restrictions for the monitored PoEs as well as for Iraq in general.



<sup>3</sup> 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, Diyala, Dohuk, Ninewa, Kirkuk, and Najaf.
- One training held for Disabled Persons Organizations (DPOs) staff in Erbil and Eight trainings for IOM staff held in Salah Al-Din, Anbar, Diyala, and Baghdad on Communication with Communities (CwC), Accountability to Affected Populations (AAP), and COVID-19 precautions



Over **560** awareness/sensitization sessions, reaching more than **6,200** individuals in camp and non-camp settings in **8** governorates.

**6** DPOs staff and **33** IOM staff trained on CwC, AAP, and COVID-19 precautions.

More than **5,300** IEC materials for COVID-19 distributed.

- Printed and distributed information, education, and communication (IEC) materials (card games, board games, coloring books, flyers, leaflets, COVID-19 activity book, and posters) to increase awareness on COVID-19 precautionary measures in Kirkuk, Ninewa, and Anbar.

### Points of Entry (PoE)

The following main activities were implemented:

- Coordinated with Baghdad International Airport (BIA) officials to conduct two training sessions for airport health teams. Modules included an overview of COVID-19, introduction to public health response and International Health Regulations (IHR), management and referral of sick travelers, risk communication, and more.



Technical support for PoE activities continued

- Supported the Erbil International Airport to establish a COVID-19 testing laboratory, the first at a PoE in Iraq, and drafted guidelines and standard operating procedure (SOPs) for COVID-19 testing at the airport - to be launched in coming weeks. IOM Iraq worked with iMMAP to design a data management system for all arriving travelers. Using a Quick Response (QR) code and barcode technology, travelers will be able to track their samples and see their results as soon as they are generated.

### 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 **97,900** individuals screened or triaged for COVID-19 at supported health clinics.

- Distributed Personal protective Equipment (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 22 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, supporting primary health facilities capacity to provide essential services.



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

**6** DoH COVID-19 response teams supported.

- Supported six DoH COVID-19 response teams responsible 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. IOM is exploring expansion of this intervention with DoH counterparts in other governorates.

## 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.
- Installed hand-washing stations for persons with disabilities and provided awareness sessions about COVID 19 preventative measures and how to operate the hand-washing stations correctly in Sinjar, Ninewa.
- Distributed winterization kits including instructions COVID-19 precautions, and conducted awareness sessions to children through distributing instructional coloring books and exercise books on handwashing and protection from winter season illnesses, while maintaining personal hygiene in Ba'aj and Tal Abta in Ninewa.
- In Salah al Din, the CCCM teams distributed the second round of 5 COVID-19 prevention kit/HHs to 200 families in Baiji and 5 kits/HHs covered 500 families in Touz.



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

**700** families received COVID-19 prevention kits in Salah Al-Din.



## 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.
- Provided protection information services on rights and services through protection help desks located in IOM



More than **500** beneficiaries received protection services.

More than **490** beneficiaries reach through the Protection help desks and **194** beneficiaries reached through referrals.

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 and Shirqat in Salah Al-Din.



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

## Addressing Socio-Economic Impacts of The Crisis



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

**159** beneficiaries received ILA services.

The following main activities were implemented:

- Provided Enterprise Development Fund (EDF) grants to Small Medium Enterprises (SME). IOM has been in the process of verifying the EDF applications received in November for EDF-Women and EDF-Renewable Energy. Applicants who passed the verification stage and got shortlisted in EDF-Women and EDF-Renewable Energy are now in the full application stage, where application sessions are being delivered. Negotiation meetings for granted businesses were conducted in Ninewa, Kirkuk and Najaf. Investment committees visits were undertaken in Basra and Babylon.
- Provided individual livelihoods (ILA) services including Business Support Package (BSP), On-the-Job Training (OJT) and Vocational Training (VT) to 61 beneficiaries in Dohuk, Ninewa, Najaf, and Kirkuk. 98 ILA beneficiaries completed their BSP support. A new ILA registration call was released from 10 to 16 February 2021 targeting Mosul in Ninewa, and the selection will take place in the next reporting period to select 100 ILA 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. Specifically, in this reporting period, IOM has been shifting CfW activities in order 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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