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, Erbil, Najaf, and Sulaymaniyah are open for commercial flights but are running at lower capacity.

Cumulative Distribution of Cases in Iraq by Health Status

COVID-19 kits loaded into trucks to be sent to Anbar to support the COVID-19 response in the governorate.

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 updated daily based on data from the Ministry of Health (MoH) https://bit.ly/2Oy1eC8
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 has continued to coordinate with Health Cluster partners, camp management agencies, and other stakeholders in governorates where supported health clinics are affected by IDP camp closures.

- 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.

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), these 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.

Six were reported as closed, 12 partially open, three open, and 11 open only for commercial traffic, as well as domestic movement restrictions. DTM produced one Iraq mobility restriction report during the reporting period, presenting an overview of mobility restrictions for the monitored PoEs as well as for Iraq in general.

3 Ibid http://iraqdtm.iom.int/COVID19/MovementRestrictions
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, Nineveh, Kirkuk, and Najaf.

• Eight trainings held for civil society organization (CSO), and volunteers on Communication with Communities (CwC), Accountability to Affected Populations (AAP), and COVID-19 precautions in Nineveh attended by 31 participants.

POINTS OF ENTRY (PoE)

The following main activities were implemented:

• Coordinated with Erbil International Airport (EIA) and iMMAP Iraq to enhance the COVID-19 testing process at the airport. With technical support from IOM and iMMAP, EIA intends to conduct polymerase chain reaction (PCR) tests for all international arrivals.

INFECTION PREVENTION AND CONTROL (IPC)

The following main activities were implemented:

• Screening and Triage processes continued at IDP health clinics prior to patient consultations (Nineawa – 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 Nineva, ensuring patients were screened for COVID-19 prior to health consultation.

• Distributed Personal protective Equipment (PPE), IPC materials, and essential supplies to the supported health facilities in Anbar, Baghdad, Erbil, Dohuk, Kirkuk, and Nineva.
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.

- Supported six Department of Health (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.

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.

- Followed up with committees (Women Empowerment Group [WEG], Youth Empowerment Group [YEG] and managements committees) 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.

- Started interventions at the informal sites in Latifiya, Baghdad and provide COVID-19 prevention kits.
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. During January, IOM continued a pilot livelihood and Mental Health and Psychosocial Support (MHPSS) integration project in IDP and returnee locations in Hawija, Kirkuk, and IOM will scale up such activities in the district in the coming reporting periods. IOM focused on the provision of individual counselling and specialized services to beneficiaries through the reporting period across the country in the areas noted above.

• Provided protection information services on rights and services through protection help desks located in IOM safe spaces and helped people access services through referrals where appropriate. IOM teams provide 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.

• Delivered seven protection against sexual exploitation and abuse (PSEA) trainings to IOM staff.
Addressing Socio-Economic Impacts of The Crisis

The following main activities were implemented:

- Supported 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. IOM is verifying EDF applications received in November for EDF-Women and EDF-Renewable Energy, with verified and shortlisted applicants now in the full application stage. Negotiation meetings for granted businesses were conducted in Ninewa, Kirkuk and Najaf. Investment committee 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 234 beneficiaries in Dohuk, Ninewa, and Diyala.

- Implemented five Cash for Work (CFW) activities to support individual livelihood in Anbar, Ninewa, and Kirkuk. Among these two are related to COVID-19, and 41 beneficiaries took part. Activities focused on cleaning campaigns of health facilities and sewing face masks and other protective equipment.

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 COVID-19 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.

For more information please contact us at IRAQPSU@iom.int