

Iraq

Protection Monitoring of Refugees in Response to COVID-19 Round 2 (October 2020)

November 2020 (Reissue)

Overview

With the suspension of household visits in 2020 as a result of COVID-19 movement restrictions and preventative measures, UNHCR initiated the remote protection monitoring exercise as an alternate modality for UNHCR and partners* to conduct targeted, systemized protection monitoring for the refugee and asylum-seeker population in Iraq. The survey was designed to provide an overview of how COVID and COVID-related measures have affected protection concerns of refugees and asylum-seekers over time and the continued impact on their access to rights, services, and coping mechanisms during the course of the year.

The exercise was initiated in August 2020, covering all governorates of Iraq and surveying Syrian households (HH) and HH of other nationalities. A total 1,605 HH were interviewed in Round 2 (1-28 October 2020), complementing the 1,653 HH interviewed for Round 1 (August-September 2020).

This report is a summary of Round 2 findings, highlighting the impact of COVID on the protection situation of refugees and asylum-seekers across Iraq.

Round 1 findings are available at: <https://data2.unhcr.org/en/documents/details/82842>.

Key Findings

- Most HH surveyed continue to feel well informed about COVID, sourcing information from media and close acquaintances, with the highest degree of trust resting in government sources.
- Consistent with Round 1, nearly all HH (94%) surveyed own at least one smart device, with slightly fewer able to access internet (84%). Nevertheless, access to smart devices within a HH is restricted to just over half of spouses, and fewer than a quarter of children.
- Overall evictions and impacts of movement restrictions remained low, with 27 total evictions in Round 2 and 86 in Round 1, due largely to the inability to pay rent.
- Consistent with Round 1, over half of HH reported reducing overall consumption of food, taking on further debt, and/or restricting movement in response to COVID, thus impacting access to livelihoods.
- Consistent with Round 1, of boys and girls enrolled in formal primary and secondary school prior to COVID, fewer than half continued schooling at home after physical school closures, with most parents still feeling unable to support children's at-home learning as the 2020-2021 academic year begins.
- Hesitations accessing non-COVID related healthcare persist. Of PwSN requiring care, an increasing percentage (nearly 40%) had not received any. Financial constraints and pre-existing issues accessing care superseded discontinuation of care as primary reasons in Round 2.
- Compared to Round 1, the percentage of respondents reporting feeling anxious due to the situation dropped below 50%, while one-fifth reported their psychological state impeded their daily routine as compared to one-third in Round 1, suggesting general improvement in adaptation and coping.
- From Round 1 to Round 2, there was no significant change in intentions to return to country of origin (CoO) in the next 12 months, with most HHs (85%) reporting no intent.

For more information, data analysis can be viewed at: <https://app.powerbi.com/view?r=eyJrJoiZTMwZmNmOGQtNGE4MS00NDc5LTlIMDktYTIiInZlZyYkMGQ2IiwidCI6ImU1YzZM3OTGxLTy2NjQtNDZlNC04YTBlLTl1NDNkMmFmODBiZSIsImMiOiJh9>

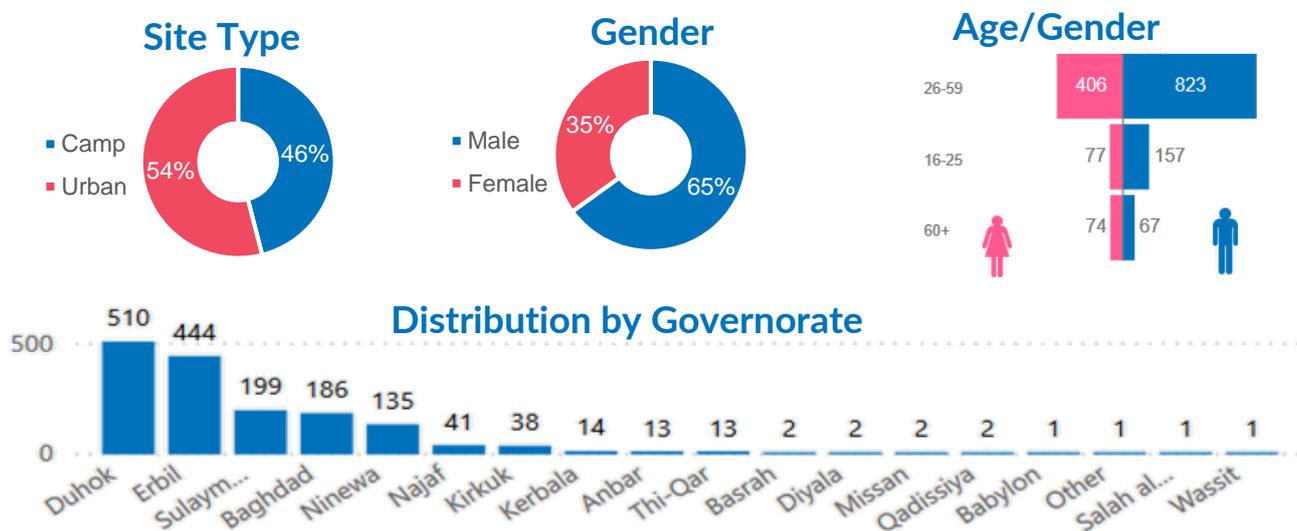
Contributing Partners: Harikar, SWEDO, Legal Clinic Network (LCN), Heartland Alliance (HAI), INTERSOS, International Rescue Committee (IRC)

Methodology

While Iraq continues to steadily recover from years of conflict, thousands of vulnerable families across the country remain displaced and in acute need of protection and assistance. As of 31 August 2020, 243,011 Syrian refugees (61% urban, 39% camp) and 40,914 refugees of other nationalities resided across Iraq, with over 99% of Syrian refugees located in the Kurdistan Region (KR-I).

Sample size and demographics were derived from a process of stratification, whereby members of a population are divided into homogeneous subgroups before sampling, thereby facilitating an independent sampling of each sub-group. Accordingly, random sampling was applied for the exercise according to three levels of stratification: (1) governorate, (2) country of origin, and (3) camp and out-of-camp (for Syrian refugees). A random sample was drawn to ensure a 95% confidence level and 10% margin of error.

For Round 2 (1-28 October), 2,372 HH were targeted, of which 1,605 were reached and surveyed for the exercise. These surveys complement Round 1 (August-September) collection, for which 2,029 HH were targeted, of which 1,653 HH were reached and surveyed.



Findings

Communication with Communities

Effectiveness of Communication

Between Round 1 and Round 2, HHs continue to report feeling informed about COVID, with 88% claiming to be well informed and fewer than 2% not feeling sufficiently informed. HH continue to report sourcing information predominantly from television and radio, alongside Facebook and close personal acquaintances (friends, family, neighbours). The high degree of trust in government to provide accurate information also persisted, with close friends and family considered more trustworthy than aid agencies. Observed and reported increases in fraud schemes (i.e. cash in exchange for resettlement support) during the reporting period may also have encouraged trust in these particular sources.

Top 5 sources of information

- Media (tv/radio) (84%)¹ (82%)²
- Friends and family (46%) (45%)
- Facebook (41%) (42%)
- Ministry of Health (website) (33%) (31%)
- Neighbours (29%) (31%)

1. Round 2 data; 2. Round 1 data

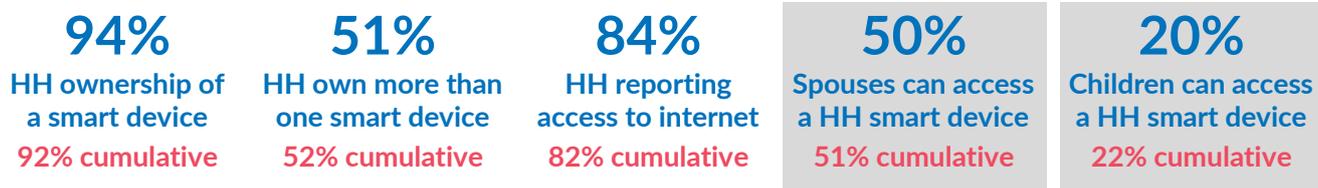
Top 5 most trusted sources

- Government (73%) (62%)
- Friends and family (43%) (34%)
- Other UN agencies/NGOs (22%) (17%)
- Neighbours (21%) (19%)
- UNHCR specific (18%) (9%)

Access to information

With the rapid transition to remote communication modalities, the extent of access to smart devices and internet, both per HH and for members within a HH, is critical given age/gender/diversity (AGD) implications

of access to remote services, information, e-learning, etc. Consistent with Round 1, most HH reported owning a smart device, with just over half reporting owning more than one. However, access within a HH is more limited. In Round 2, only half (50%) of spouses, and fewer than a quarter (20%) of children had access to a device within a HH, with implications on children's access to e-learning platforms, as well as needs related to a spouse, elderly parents, etc.



Discrimination and impact of implementation of COVID-19 restrictions

Prior to COVID-related movement restrictions within and between governorates, income vulnerability among refugees was already high, with associated pressures including debt and monthly rent (*Multi-Sector Needs Assessment IV*, May 2019). From March through September, curfews were instituted within and between governorates, and both inter-governorate and international borders were closed for extended periods for all persons in Iraq. Such closures deepened income insecurity among refugee and asylum-seeker HHs, many of whom are reliant on daily labour economies heavily impacted by lockdown measures.

From late September, air travel and inter-governorate travel remained open during the reporting period, alongside intermittent border crossings into Syria from Dohuk for outbound travel from Iraq.

As such, the number of HH reporting a family member stuck in another governorate dropped from 3% to 2% between Rounds 1 and 2 as borders remained open for movement. Of those with family stuck in other governorates, most were restricted due to imposition of curfews (25%), lack of funds for transportation (21%) and specific restrictions on the movement of refugees and asylum seekers (21%, down from 25% for Round 1), which likely includes no movement outside of camps or lacking valid documents. As refugee and asylum-seekers sometimes work and/or study in other governorates, movement limitations and curfews increase the vulnerability of these HHs. This is corroborated by an observed increase in detention of refugees and asylum-seekers holding documents issued in KR-I who had moved to central and southern governorates for livelihood opportunities in 2019 or 2020.

In Round 2, most HH surveyed (92%) cited no impact of prior border closures and no family members stuck in different governorates due to closures (86%). Of those negatively impacted, main issues included inability to travel to CoO to access healthcare or to return after going for health-related issues and a primary breadwinner unable to return from CoO—both of which may be due to the opening of the border between Dohuk Governorate and Syria for outbound travel to Syria only, with restrictions on return to Iraq—or a person with disability or serious medical condition left without a caregiver.

Evictions

Consistent with Round 1, nearly all HH reported remaining in their homes, with only 2% facing eviction in Round 2. Of those evicted, almost all cited an inability to pay rent as the grounds. For Round 2, of 27 total HH evictions across Iraq, 52% of incidents were reported in KR-I (notably, 8 in Erbil, 5 in Sulaymaniyah), and 48% from central and southern governorates (including 6 in Baghdad) where the population is much smaller but entirely urban. Cumulatively for Rounds 1 and 2, 113 HH reported eviction.

Coping Mechanisms

As noted, COVID-related lockdown and movement restrictions continue to have a considerable impact on refugee and asylum-seeker communities, particularly for those who rely on daily labour for their income.

Access to food and resources to minimize debt were standing concerns among some HH prior to lockdowns, and HH responses in Round 2 related to coping mechanisms indicate a demonstrable negative impact of COVID on financial and food security, access to services, and overall wellbeing despite a lifting of many movement and related restrictions, resulting in harmful consequences for women, men, and children.

Of HH surveyed, 60% relied on loans/debt as their primary financial source in the past month, 35% relied on employment, and nearly a quarter (24%) relied on humanitarian cash assistance. As compared to Round 1, slightly more HH reported taking on debt, receiving aid agency cash assistance, and/or seeking employment, while slightly fewer tapped into savings or sought support from extended family. Over half of HH reported reducing overall consumption of food, taking on further debt, and/or restricting movement as ways to adapt to the COVID situation in general.

Top 5 HH adjustments to COVID

- Reduction of food consumption (62%)¹ (63%)²
- Limiting movement (58%) (52%)
- Further debt to pay for necessities (57%) (53%)
- Support from extended family (28%) (31%)
- Continuing to work despite advice (9%) (8%)
- Reduction in spending on needed healthcare (including medicines) (9%) (15%)

1. Round 2 data; 2. Round 1 data

Top 5 financial sources (past 30 days)

- Loans, debt (61%) (58%)
- Employment (35%) (30%)
- Community/friends/family support (33%) (35%)
- Savings (24%) (29%)
- Aid agency cash assistance (24%) (22%)

Retraction: An earlier version of this Round 2 analysis reported Child Marriage (42%) and Child labor (17%). Further data review has resulted in the following retraction. Overall, child marriage was reported <% across all Rounds. However, as this question was phrased in the context of “new ways of generating funds,” it is likely this result does not fully reflect the extent of child labor and child marriage in the community.



Impact on women

Most women (87%) continued to report no change to their role in the family in relation to COVID.

Distribution of sanitary/dignity kits continued during the reporting period in Dohuk, Sulaymaniyah, Mosul, and Kirkuk, with most women and girls countrywide reported access to these kits. Of the 15% who did not, nearly three-quarters cited prioritization of other basic items (70%) as the reason, with another 45% reporting an inability to afford them (27%).

Education

Just over 68,800 school-age Syrian refugee children (52% boys, 48% girls) reside in Iraq, with the majority in KR-I. Even prior to the COVID outbreak, enrolment in both camp and urban environments into a parallel refugee education system was a standing concern. Within camps, primary school enrolment reached only 51%, falling to 29% by upper secondary. In urban areas, these rates were 29% and 8%, respectively (3RP Iraq Chapter, 2019-2020). Refugee and asylum-seeking children of other nationalities face similar barriers.

From late February, in-person schooling across Iraq closed in response to COVID, resulting in rapid rollout of e-learning platforms by both KRG and Federal Ministries of Education, self-learning materials, and education TV programming. Nevertheless, at-home learning placed additional pressure on families. As noted above, while over 90% of HH own a smart device, children’s access to these devices is significantly lower, and competing socio-economic pressures due to the pandemic exacerbate engagement.

Consistent with Round 1, of children enrolled in formal schooling prior to COVID, fewer than half of primary and secondary school-aged girls (41%) and boys (36%) continued schooling at home. Of those continuing, most accessed either physical learning kits or e-learning platforms, with slightly fewer via parent-led study.



In KR-I, formal schooling for the 2020-2021 academic year officially began in-person for grade 12 from 27 September, and from 10 October for grades 1-11, with grades 1 and 2 attending in-person schooling and the remainder continuing via e-learning. In central and southern governorates, the academic year did not commence during the reporting period. Despite engagement with refugee school administrators, Parent-Teacher Associations, and communities over enrolment and e-learning, HH during Round 2 continue to report barriers. Of HH with children, roughly a quarter (23%) felt able to assist their children with at-home

learning—a slight increase from Round 1—with half reporting feeling unable (53%) and a quarter feeling only somewhat able (24%). Top barriers to at-home learning remained consistent from round 1:

Top barriers to at-home education

- No access to a smart device
- No access to internet and/or electricity
- Children struggle to focus in an out-of-school setting
- Insufficient smart devices for the number of school-age children in a household
- Parents unable to support learning

Health

Across Iraq, public health facilities are available to refugees and asylum seekers free of charge, including for emergency services. Despite reduced COVID-related movement restrictions during the reporting period, COVID-related concerns continued to impact HH access to healthcare, with a third citing they would not feel comfortable accessing health services/hospitals, in parallel with Round 1.



Impacts on older persons, PwSN, persons with critical medical conditions

Of those surveyed in Round 2 who require care and support, nearly 40%—a roughly 10% increase from Round 1—reported not receiving care, while fewer than half indicated continuing to receive care from medical providers (42%) and a small percentage from friends and family (19%).

In Round 2, financial constraints and pre-existing issues with accessing care prior to COVID superseded “care services discontinued” as the primary reasons for not accessing care, suggesting that despite a reduction in movement restrictions, socio-economic barriers persist.

Top reasons for not receiving necessary care

- Financial constraints
- Pre-existing issues accessing necessary care prior to COVID
- Self-isolation due to COVID
- Care services discontinued

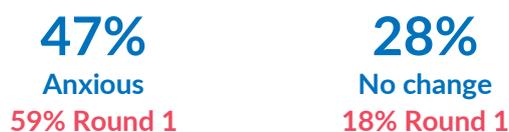
Additionally, while most HH reported access to medical PPE, slightly less than one-fifth (18%, down from 21% for Round 1) did not have access, with almost all HH citing financial constraints as the primary barrier.

MHPSS

UNHCR supports provision of MHPSS services in 9 of 10 refugee camps in KR-I. Due to diverging COVID responses and regulations between governorates, continuity of services continued to differ during this period, with group activities, workshops, and awareness raising adapted to provision of psychological first aid to camp residents visiting primary healthcare centres, as well as to targeted broadcasting of messages. One-to-one counselling was adapted to tele-counselling, only continuing face-to-face for critical cases. MHPSS in this period continued to focus on awareness on techniques for ensuring mental wellbeing, prevention of stress and anxiety, and responding to emerging needs in adapted modalities. Refugees in non-camp areas across Iraq remain dependent on very limited government services.

Impact of COVID on mental health

Compared to Round 1, the percentage of respondents reporting feeling anxious due to the situation dropped, possibly due to relaxed movement restrictions in some governorates and increased awareness raising:



Similarly, around 16% of respondents reported their psychological state impeded their daily routine, as compared to one-third in Round 1, suggesting general improvement in adaptation and coping mechanisms. Nevertheless, psychological state varied between governorates. In governorates in which services and awareness activities are more available, there was a general correspondence between awareness of MHPSS services and lower levels of anxiety. For example, in Dohuk camps, which features a more robust

community-based MHPSS approach, 42% of HH reported awareness of services, and only 34% reported feeling anxious and 30% nervous, as compared to Erbil outside of camps, where services are limited, and a 17% awareness of services corresponded to 63% reporting feeling anxious and 70% nervous). Refugees predominantly reported coping with these feelings by talking to friends or relatives, or alternatively keeping to themselves, walking around, and praying.

Of those HH with children, 15% observed a change in their children's behaviour during the COVID period.

Awareness (psychological first aid) and access to services

Country-wide, only one-fifth of respondents reported awareness of available MHPSS services, with variations by governorate indicating greater awareness where services are generally more available and the community-based level of MHPSS is more robust (i.e. 42% reported awareness of available services in Duhok camps, while only 12% in out-of-camp setting where services covered by the government are largely absent). Of those aware of services, the percentage of respondents reporting they or family members had not sought and/or received MHPSS support dropped from 87% in Round 1 to 75% in Round 2, and an increasing number suggested additional awareness raising (25%, up from 14%) and counselling sessions (19%, up from 11%). Most (63%) reported they or their HH do not require additional MHPSS services.

For those who had received support, over half continue to report receiving counselling sessions (68%) or awareness raising sessions (62%), predominantly face-to-face.

Intentions

Negative impacts of COVID have resulted in an observed increase in return to CoO in recent months. Nevertheless, between Round 1 and Round 2, most HHs (84%, 85% respectively) continued to have no intention to return to their CoO in the next 12 months, with a small number (11%) undecided.

85%

**HH have no intention
to return to CoO**

A subsequent round of the exercise will be conducted in November and December 2020.