

Iraq

Protection Monitoring of Refugees in Response to COVID-19 Round 1 (August-September 2020)

October 2020

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 1,653 HH were interviewed in round 1 of the exercise.

This report is a summary of the main round 1 findings, highlighting the impact of COVID-19 on the protection situation of refugees and asylum-seekers across Iraq.

Key Findings

- Most households surveyed feel well informed about COVID, predominantly sourcing information from media (TV, radio, Facebook) and close acquaintances (friends, family, neighbors), with the highest degree of trust resting in government sources.
- Nearly all households (90%) surveyed own at least one smart device, with slightly fewer able to access internet (83%). Nevertheless, access to smart devices within a household is restricted to just over half of spouses, and only a quarter of children.
- Of boys and girls enrolled in formal primary and secondary school prior to COVID, fewer than half were continuing their schooling at home after physical school closures, with most parents feeling unable to support their children's at-home learning.
- Overall evictions and impacts of inter-governorate movement restrictions were low, although HHs cited facing other forms of threats or pressure, including pressure to isolate from the community.
- Over half of HH reported reducing overall consumption of food, taking on further debt, and restricting their movements in response to COVID, thus impacting access to livelihoods.
- A third of HH reported reservations in accessing healthcare, while another third of older persons and persons with specific needs and/or critical medical conditions who required care had not received it.
- Over half of HH reported feeling increasingly anxious due the situation, with around one-third indicating their psychological state was impeding the way they went about their daily routine.
- Most HHs (84%) had no intention to return to their country of origin (CoO) in the next 12 months.

For more information, data analysis can be viewed at:

<https://app.powerbi.com/view?r=eyJrJjoizTMwZmNmOGQitNGE4MS00NDc5LTk1MDktYTIINjZlYTIkMGQ2IiwidCI6ImU1YzZM3OTgxLTy2NjQlINDEzNC04YTBJLTY1NDNkMmFmODBiZSIsImMiOj9>

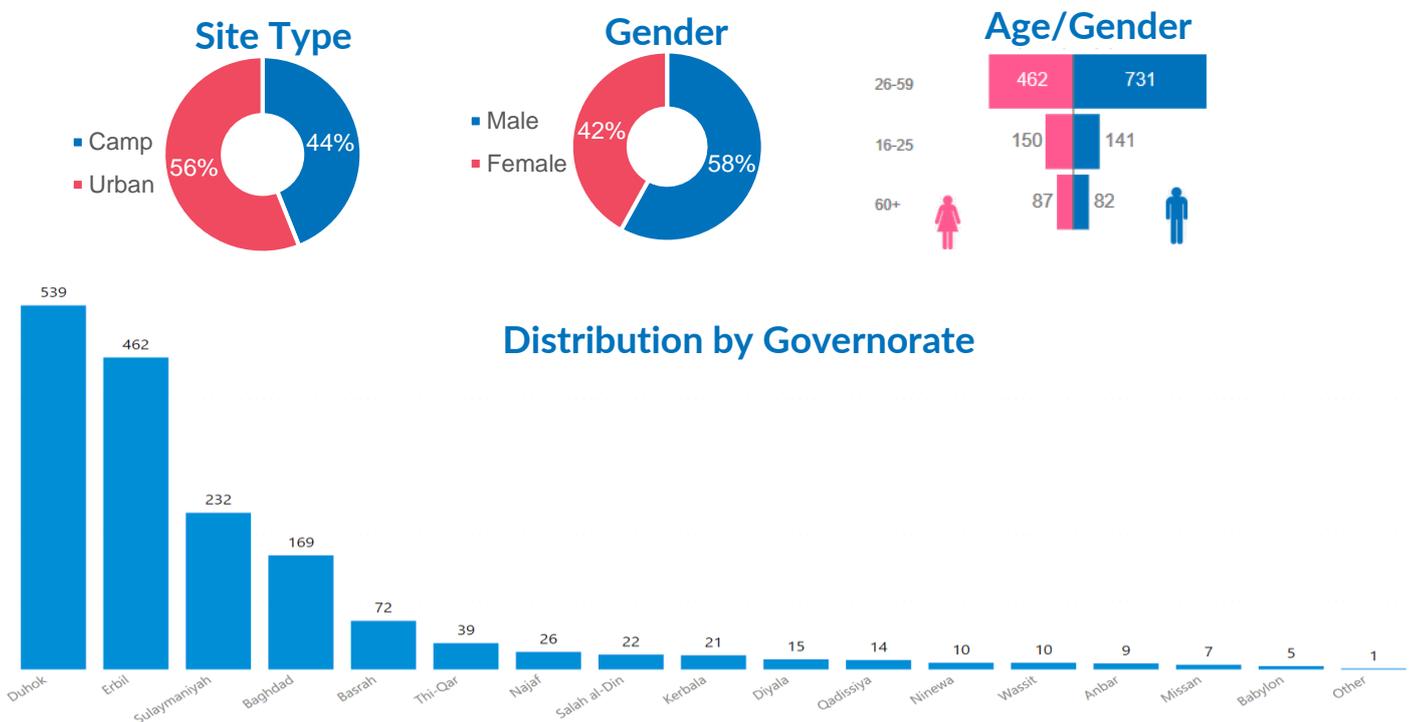
Contributing Partners: Harikar, SWEDO, Legal Clinic Network (LCN), Heartland Alliance (HAI), INTERSOS, International Rescue Committee (IRC)

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 1 (August-September), 2,029 HH were targeted, of which 1,653 HH were reached and surveyed during the exercise, and a 29% no-response rate was recorded.



Findings

Communication with Communities

Effectiveness of Communication

Over six months into the COVID response, refugees report feeling informed about COVID-19, with 86% claiming to be well informed and fewer than 3% not feeling sufficiently informed. Refugees sourced their information predominantly from television and radio, alongside Facebook and close personal acquaintances (friends, family, neighbours). Notably, there is a relatively high degree of trust in government to provide accurate information, with close friends and family considered slightly more trustworthy than UN agencies.

Top 5 sources of information

- Media (tv/radio) (82%)
- Friends and family (45%)
- Facebook (42%)
- Neighbours (31%)
- Ministry of Health (website) (31%)

Top 5 most trusted sources

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

Access to information

With the rapid transition to remote communication modalities, it has become critical to understand the extent of access to smart devices and internet, both per HH and for members within a HH, given age/gender/diversity (AGD) implications of access to remote services, information, e-learning, etc. Of surveyed HH, most reported owning a smart device, with just over half reporting owning more than one.



Of those families that reported owning a smart device, however, just over half (52%) of spouses, and only a quarter (25%) 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 the COVID outbreak and institution of 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, 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. As a result, most HH surveyed noted the financial and lifestyle impact of these restrictions (addressed in this section, and "Coping Mechanisms" below).

During the assessment period, border crossings into Syria from Dohuk opened intermittently for outbound travel from Iraq, while air travel resumed and inter-governorate borders opened from late August.

Movement Restrictions

Most HH surveyed (87%) cited no impact of recent border closures and no family members stuck in different governorates due to closures (86%). Of those negatively impacted, the main issues included a primary breadwinner unable to return from CoO, inability to travel to CoO to access healthcare or to return after going for health-related issues, or children becoming separated from parents.

Of those with family stuck in other governorates (3%) most were restricted from moving due to imposition of curfews, inter-governorate border closures (62%), and specific restrictions on the movement of refugees and asylum seekers (25%), which likely includes no movement outside of camps or lacking valid documents.

Evictions

Nearly all HH (95%) reported being able to remain in their homes, with 5% reporting being evicted during the lockdown period. Of those evicted, almost all cited an inability to pay rent as the grounds. Of a total 86 HH evictions across Iraq, 40 incidents were reported in Sulaymaniyah (17% of HH surveyed in this governorate) and 23% from southern governorates (Basrah, Thi-Qar, Missan, Wassit, Qadsiyyah) where the population size in general is much smaller but with greater socio-economic needs.

Coping Mechanisms

As noted above, COVID-related lockdown measures and movement restrictions have had a considerable impact on refugee and asylum-seeker communities, who often rely on daily labour for income generation. Access to food and resources to minimize debt were standing concerns among some HH prior to lockdowns, and HH responses related to coping mechanisms indicate a demonstrable negative impact of COVID on financial and food security, access to services, and overall wellbeing, resulting in harmful consequences for women, men and children.

Of HH surveyed, 22% relied on humanitarian cash assistance, and over half of HH reported reducing overall consumption of food, taking on further debt, and restricting movement.

Top 5 HH adjustments to COVID

- Reduction of food consumption (63%)
- Further debt to pay for necessities (53%)
- Limiting movement (52%)
- Support from extended family/relatives (31%)
- Reduction in spending on needed healthcare (including medicines) (15%)

Top 5 financial sources (past 30 days)

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

**Impact on children**

A small but concerning number of households reported child marriage (8%) and child labour (1%) as new ways to generate funds.

**Impact on women**

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

Most women and girls reported access to sanitary/dignity kits during the lockdown. Of the 14% who did not, nearly half reported prioritization of other basic items (47%) as the reason, with another 45% reporting an inability to afford them (45%).

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 was closed in response to COVID, resulting in rapid development and 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 exacerbated engagement.

Of children enrolled in formal schooling prior to COVID, less than half of primary and secondary school-aged girls (40%) and boys (37%) were continuing their schooling at home. Of those continuing, the majority accessed either physical learning kits or e-learning platforms, with slightly fewer via parent-led study.



Of HH with children, fewer than a quarter (20%) felt able to assist their children with at-home learning, with over half reporting feeling unable (56%) and a quarter feeling only somewhat able (24%).

Top barriers to at-home education

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

Health

Across Iraq, public health facilities are available to refugees and asylum seekers free of charge, including for emergency services. Nonetheless, COVID-related restrictions and concerns have impacted refugees' access to healthcare, with a third citing they would not feel comfortable accessing health services/hospitals.



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

Of those surveyed who required care and support, one-third reported not receiving care, while just over half indicated continuing to receive care from medical providers (54%) and a small percentage from friends and family (15%).

Top reasons for not receiving necessary care

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

Additionally, while most HH reported access to medical PPE, roughly one-fifth (21%) did not have access, with almost all of those HH citing financial constraints as the primary barrier.

MHPSS

MHPSS questions were adjusted in the middle of Round 1 collection. Responses therefore reflect a smaller pool of overall respondents, skewed to particular governorates, and as such data reflected here was limited.

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 differed during this period, with group activities, workshops, and general awareness raising adapted to provision of psychological first aid to camp residents visiting primary healthcare centres, as well as to messages broadcast via a local radio station and megaphones (Duhok). One-to-one counselling was adapted to tele-counselling, only continuing face-to-face for critical cases. MHPSS in this period focused on prevention of stress and anxiety, awareness on techniques for ensuring mental wellbeing, and responding to emerging needs in adapted modalities. Refugees in non-camp areas across Iraq remain dependent on limited government services.

Impact of COVID on mental health

Over half of HH surveyed countrywide reported feeling increasingly anxious due to the current situation (59%), with around one third reporting their psychological state was impeding the way they went about their daily routine. In KRI 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. Refugees predominantly reported coping with these feelings by talking to friends or relatives, or alternatively keeping to themselves and praying.

Awareness (psychological first aid) and access to services

Only a third of respondents countrywide reported being aware of available MHPSS services. Of those who were aware of services, most respondents reported that they or family members had not sought and/or received MHPSS support (87%), and only a small number suggested additional awareness raising sessions (14%) and counselling sessions (11%).

For those who had received support, over half reported receiving counselling sessions (66%) or awareness raising sessions (62%), predominantly face-to-face.

Intentions

Negative impacts of COVID have resulted in an observed increase in movements to return to countries of origin in recent months. Of those surveyed, most HHs (84%) have no intention to return to their country of origin in the next 12 months, with a small number (11%) undecided.

84%

HH have no intention
to return to CoO

Subsequent rounds of the protection monitoring exercise to be conducted in October and November 2020.