POPULATION FLOW OVERVIEW, TRAVELLERS' PROFILE AND COVID-19 AWARENESS

DATA COLLECTION PERIOD: NOVEMBER 2020 - FEBRUARY 2021

JUNE 2021

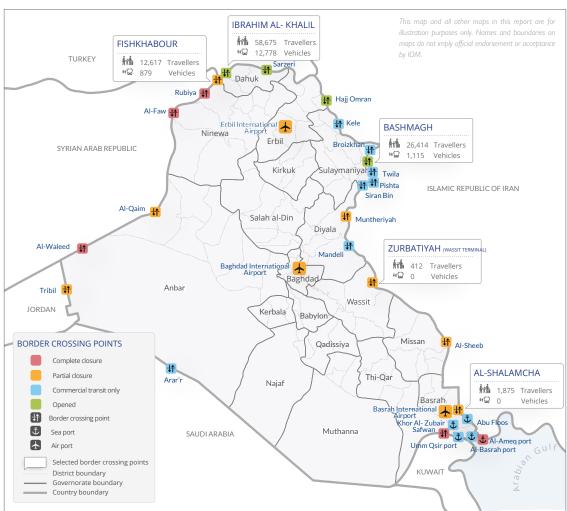
DTM Iraq collects data at border crossing points with neighboring countries — the Islamic Republic of Iran (Iran), the Syrian Arab Republic (Syria) and Turkey to better understand migration movements in the Middle East. Cross-border monitoring is drawn from IOM's DTM standard methodology, designed to capture and describe migration flows, and is part of the Regional Evidence for Migration Analysis and Policy (REMAP) project, funded by the European Union, targeting Afghanistan, Bangladesh, the Islamic Republic of Iran, Iraq and Pakistan.

The data for this report was gathered through two separate approaches: a headcount of all travellers entering or leaving Iraq and a sample survey of travellers. Border crossing points were selected based on observations conducted in May 2019 by IOM's Rapid Assessment and Response Teams (RARTs), when five border crossing points were selected for data collection: Ibrahim Al-Khalil, bordering Turkey, Fishkhabour, bordering Syria, and Bashmagh, Zurbatiyah (Wassit Terminal) and Al-Shalamcha, bordering Iran.¹

The report presents an overview of the overall movements of travellers observed at each of five monitored border crossing points over the period from November 2020 to February 2021, their socio-demographic characteristics, and reasons for travel. It is also focused on their awareness of COVID-19 symptoms, prevention measures and risk factors.

In this report, the term 'travellers' refers to all individuals who are crossing the international border with Iraq for any given reason and thus includes several categories of people. First, travellers who are entering or exiting Iraq temporarily to visit family, do trade or business, or receive medical treatment. Second, travellers who are planning to stay or leave the country for a longer period – or even indefinitely – for work-, family- or education-related purposes, or humanitarian reasons. Third, travellers who are planning to change or have already changed their place of usual residence and can hence be considered migrants.²





- 1 Further details on the selection of respondents, survey methodology and how the border crossing points were selected are available in the Methodological Overview on the last page or at the Iraq DTM portal. Available at: http://iraqdtm.iom.int/files/Remap/iom_dtm_CROSS_BORDER_MOVEMENT_MONITORING_METHODOLOGICAL_OVERVIEW.pdf
- 2 According to the IOM definition, "migrant an umbrella term, not defined under international law, reflecting the common lay understanding of a person who moves away from his or her placeof usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons" (IOM (2019), Glossary on Migration Switzerland). For the purpose of collecting data on migration, the United Nations Department of Economic and Social Affairs (UN DESA) defines "international migrant" as "any person who changes his or her country of usual residence" and "usual residence" as "the place at which the person has lived continuously for most of the past 12 months (that is, for at least six months and one day) or for at least the past 12 months, not including temporary absences for holidays or work assignments, or intends to live for at least six months" (UN DESA (1998), Recommendations on Statistics of International Migration, Revision 1 USA).



IBRAHIM AL-KHALIL

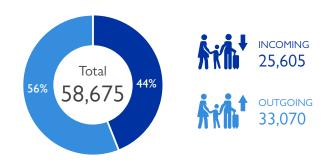
BORDERING COUNTRY: TURKEY

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18,362	,	,	13,426		736	535	671	3,333	3,214	2,687	3,544	152	146	134	177
NOV	DEC	JAN	FEB	NOV	DEC	JAN	FEB	NOV	DEC	JAN	FEB	NOV	DEC	JAN	FEB
	l NUMBER				GE NUMBE				al numbe			AVERAGE NUMBER OF VEHICLES			
	PER M	PER DAY					PER M	ONTH		PER DAY					

At the Ibrahim Al-Khalil point, data collection took place from 1 November 2020 to 28 February 2021, weekdays only from 9:00 a.m. to 5:00 p.m. During this period, this border crossing point was open every day for 24 hours for incoming and outgoing travellers. Previous restrictions that required incoming travellers to obtain permission from the Ministry of Interior were lifted. Incoming travellers were required to undertake a polymerase chain reaction (PCR) test at the border point (except for children younger than 12 years), after which they were to be quarantined at home for 14 days.

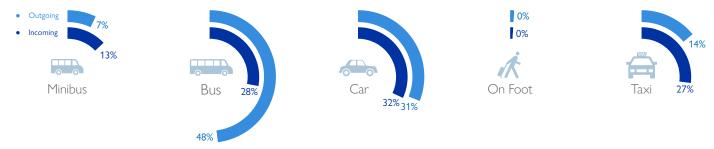
In January 2021, a travel ban was imposed on travellers from 21 countries. Additionally, in January, a new rule was introduced at this border point, requiring foreign nationals who have not obtained a pre-arrival visa to pay 100,000 Iraqi dinars for an entry visa. Nationals from Iran and Turkey, as well as Iraqis returning home, are exempt from this rule. All outgoing travellers are required to provide a negative PCR test taken within 72 hours before arrival at the border point.

Number and percentage of travellers by type of flow

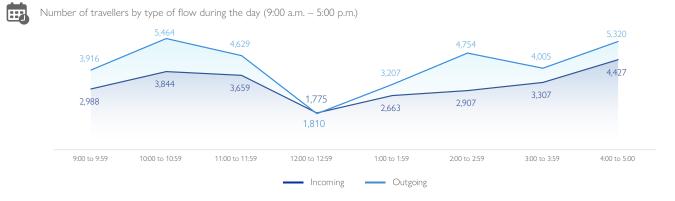


During this period, the Ibrahim Al-Khalil border crossing point witnessed the largest flow of travellers in November 2020 with 18,362 individuals (combining incoming and outgoing flows), and the lowest flow in January 2021 with 10,705 individuals. Between November 2020 and February 2021, DTM identified a total of 58,675 individuals crossing this border point, with 25,605 entering Iraq after being abroad (incoming flow) and 33,070 individuals exiting Iraq to another country (outgoing flow). On average, the border was crossed by 835 travellers per day and 152 vehicles per day (including private cars, taxi, buses, and minibuses) in November 2020; 736 travellers and 146 vehicles per day in December 2020; 535 travellers and 134 vehicles per day in January 2021; and 671 travellers and 177 vehicles per day in February 2021. Around two fifths of incoming travellers crossed this border point by bus or minibus and around three fifths crossed by car or taxi. More than half of the outgoing travellers crossed this border point by bus or minibus, around one third crossed by car and the remaining percentage crossed by taxi.

Percentage of travellers by means of transportation



The number of outgoing travellers slightly exceeded the number of incoming travellers for this border crossing point, with peak crossings between 10:00 a.m. and noon, as well as between 4:00 p.m. and 5:00 p.m.





IBRAHIM AL-KHALIL

BORDERING COUNTRY: TURKEY

Most incoming and outgoing travellers were men. Women represented 18 per cent of incoming and 24 per cent of outgoing flows. A small percentage of travellers were older adults (over 60 years old), that is, six per cent of incoming and five per cent of outgoing travellers, around half of the incoming and outgoing travellers were middle-aged (35–60 years old) and the remaining were young adults (18–34 years old).

Around half of incoming flows were Iraqis and around half were Turkish, with a few travellers from other countries, namely Syria, Georgia, Iran, Germany, Italy and Czechia. Incoming Iraqis either reside in Iraq (66%) or abroad (34%), while most incoming foreign travellers usually reside abroad (98% of Turkish nationals and 65% of other nationals). Most incoming travellers entered Iraq temporarily for a duration of up to three months (that is, 97% of incoming travellers residing in Iraq and 92% of incoming travellers residing abroad). The main reasons for entering Iraq were business or trade (31%), returning home or the country of habitual residence (29%) and family visits (22%).

Most outgoing flows were Iraqis either residing in Iraq (68%) or abroad (32%) and around a third were Turkish mainly residing in their home country. Most outgoing travellers exited Iraq temporarily for a duration of up to three months (that is, 93% of outgoing travellers residing in Iraq and 95% of outgoing travellers residing abroad). The main reasons for exiting Iraq were returning to the country of habitual residence (44%), followed by business or trade (21%), holiday or tourism (14%) and medical treatment (14%). Two per cent were leaving Iraq due to humanitarian reasons, almost all of them Iraqis.





COVID-19 AWARENESS OF TRAVELLERS

IBRAHIM AL-KHALIL

BORDERING COUNTRY: TURKEY

Travellers were asked about their awareness of COVID-19 symptoms, prevention measures and risk factors. The majority of incoming and outgoing travellers were aware of main symptoms such as fever and dry cough but fewer reported knowing other symptoms including difficulty breathing or shortness of breath. The same applies to prevention measures: most incoming and outgoing travellers were aware of washing hands regularly, but fewer incoming travellers were aware of maintaining distance, wearing a mask when around others, and covering mouth and nose when coughing or sneezing.

Travellers would either go to the public primary health-care centre or hospital in case of symptoms (43% of incoming and 39% of outgoing) or call the hotline and follow instructions (30% of incoming and 24% of outgoing). Around one fifth of the incoming flow and a quarter of outgoing flow would stay home and wait for symptoms to improve or worsen.

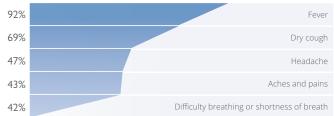
Some travellers reported having health conditions for which COVID-19 is often more severe. Specifically, the incoming flow had five per cent of travellers with diabetes, three per cent with serious heart conditions and two per cent with chronic lung disease or moderate asthma. Outgoing flow had seven per cent of travellers with diabetes and five per cent serious heart conditions.



MI OUTGOING







ACTIONS IN CASE TRAVELLERS OR SOMEONE FROM THEIR FAMILY HAVE COUGH, FEVER OR DIFFICULTY BREATHING



43% Go to public primary health-care centre or hospital



19% Stay home and wait for symptoms to improve or worsen



39% Go to public primary health-care centre or hospital



25% Stay home and wait for symptoms to improve or worsen



30% Call the hotline and follow instructions



8% Go to a private clinic or hospital



24% Call the hotline and follow instructions



12% Go to a private clinic or hospital

VULNERABLE GROUPS



5% diabetes



3% serious heart conditions



7% diabetes

Y

5% serious heart conditions

COVID-19 PREVENTION MEASURES AWARENESS

91%	Washing hands regularly or cleaning them with alcohol-based hand rub
67%	Maintaining at least one meter distance
64%	Covering your mouth and nose with a mask when around others
36%	Covering your mouth and nose when coughing or sneezing
36%	Avoiding touching your face
26%	Staying home if you feel unwell
17%	Avoiding unnecessary travel and staying away from large groups of people
10%	Refraining from smoking and other activities that weaken the lungs
4%	Cleaning and disinfecting frequently touched surfaces daily
1%	Monitoring your health daily

88%	Washing hands regularly or cleaning them with alcohol-based hand rub
67%	Maintaining at least one meter distance from others
57%	Covering your mouth and nose with a mask when around others
42%	Covering your mouth and nose when coughing or sneezing
41%	Avoiding touching your face
29%	Staying home if you feel unwell
16%	Avoiding unnecessary travel and staying away from large groups of people
12%	Refraining from smoking and other activities that weaken the lungs
4%	Cleaning and disinfecting frequently touched surfaces daily
2%	Monitoring your health daily



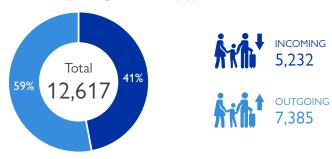
FISHKHABOUR

BORDERING COUNTRY: SYRIAN ARAB REPUBLIC

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3,093	3,032	3,193	3,299	238	253	266	330	222	214	230	213	17	18	19	21
NOV	DEC	JAN	FEB	NOV	DEC	JAN	FEB	NOV	DEC	JAN	FEB	NOV	DEC	JAN	FEB
		OF TRAVE		AVERAGE NUMBER OF TRAVELLERS PER DAY					al numbe			AVERAGE NUMBER OF VEHICLES PER DAY			

At the Fishkhabour point, data collection took place from 1 November 2020 to 27 February 2021 on days when this point was open. During this period, this border crossing point was open for three days a week (Saturday, Monday and Wednesday) from 9:00 a.m. to 3:00 p.m. or 4:00 p.m. All travellers entering the Kurdistan Region of Iraq (KRI) must take a PCR test at this border point. Syrian nationals returning to KRI are required to quarantine in a hotel until they receive a negative PCR test result. However, Syrians with dual nationality who are in transit en route to another country are not required to quarantine.

Number and percentage of travellers by type of flow



During this period, the Fishkhabour border crossing point witnessed the largest flow of travellers in February 2021 with 3,299 individuals (combining incoming and outgoing flows), and the lowest flow in December 2020 with 3,032 individuals. Between November 2020 and February 2021, DTM identified a total of 12,617 individuals crossing this border point, with 5,232 entering Iraq after being abroad (incoming flow) and 7,385 individuals exiting Iraq to another country (outgoing flow). On average, the border was crossed by 238 travellers per day and 17 vehicles per day (including private cars, taxi, buses, and minibuses) in November 2020; 253 travellers and 18 vehicles per day in December 2020; 266 travellers and 19 vehicles per day in January 2021; and 330 travellers and 21 vehicles per day in February 2021. All travellers crossed this border point by bus, which is consistent with the previous round of data collection and border point's regulations.

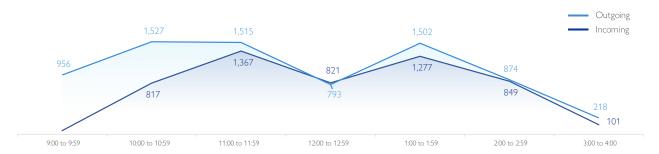
Percentage of travellers by means of transportation



The number of outgoing travellers slightly exceeded the number of incoming travellers for this border crossing point with peak crossings between 10:00 a.m. and noon.



Number of travellers by type of flow during the day (9:00 a.m. - 4:00 p.m.)





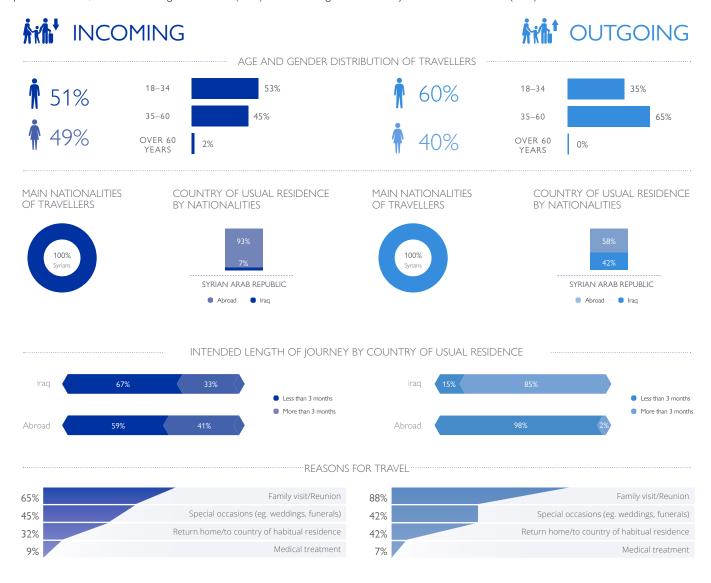
FISHKHABOUR

BORDERING COUNTRY: SYRIAN ARAB REPUBLIC

Unlike for the other border crossings, the percentage of female travellers was relatively large at the Fishkhabour border crossing. Women represented 49 per cent of incoming and 40 per cent of outgoing flows. A small percentage of travellers were older adults (older than 60 years), that is, two per cent of incoming travellers; around half of the incoming travellers and around three fifths of outgoing travellers were middle-aged (35–60 years old) and the remaining were young adults (18–34 years old).

All incoming travellers were Syrians with a few residing in Iraq (7%). The majority of the incoming Syrians usually reside abroad, half of them in the home country and the remaining half in countries such as Germany, United Arab Emirates, Turkey, Sweden, United Kingdom, Greece and Saudi Arabia. Most incoming travellers entered Iraq temporarily for a duration of up to three months (that is, 67% of incoming travellers residing in Iraq and 59% of incoming travellers residing abroad). The main reasons for entering Iraq were family visits (65%), special occasions, such as weddings or funerals (45%) and returning home (32%).

All outgoing travellers were also Syrians either residing in Iraq (42%) or abroad (58%). Out of those outgoing Syrians residing abroad, only 10 per cent reside in the home country, around two fifths reside in other countries in the region, namely United Arab Emirates, Saudi Arabia, Qatar, Turkey and Jordan, and around half reside in various countries in Europe, namely Germany, Sweden, Netherlands, Spain, Greece, Austria, Belgium and Norway. Most outgoing Syrians residing abroad exited Iraq temporarily for a duration of up to three months, while most of those residing in Iraq intended to stay out for a longer term, three months and more. Family visits were the main reason to cross for the majority of travellers (88%), followed by special occasions, such as weddings or funerals (42%) and returning to the country of habitual residence (42%).





COVID-19 AWARENESS OF TRAVELLERS

FISHKHABOUR

BORDERING COUNTRY: SYRIAN ARAB REPUBLIC

Travellers were asked about their awareness of COVID-19 symptoms, prevention measures and risk factors. The majority of incoming travellers were aware of fever as the main symptom but fewer reported knowing other symptoms such as dry cough or difficulty breathing or shortness of breath. The same applies to prevention measures: most incoming and outgoing travellers were aware of washing hands regularly and avoiding touching the face, but fewer incoming travellers were aware of maintaining distance, wearing a mask when around others, or covering mouth and nose when coughing or sneezing.

Incoming travellers would either call the hotline and follow instructions (50%) or go to a public primary health-care centre or hospital in case of symptoms (48%) while a few would go to a private clinic or hospital (2%). Similarly, most outgoing travellers would call the hotline and follow instructions (48%), go to a public primary health-care centre or hospital (38%) or stay home and wait for the symptoms to improve or worsen (13%).

Some travellers reported having health conditions for which COVID-19 is often more severe. Specifically, the incoming flow had nine per cent of travellers with diabetes, seven per cent with serious heart conditions and three per cent with cancer or weakened immune system. Outgoing travellers had 15 per cent with diabetes, 11 per cent with serious heart conditions, 3 per cent with chronic lung disease or moderate to severe asthma and 3 per cent with severe obesity.

INCOMING

MI OUTGOING





ACTIONS IN CASE TRAVELLERS OR SOMEONE FROM THEIR FAMILY HAVE COUGH. FEVER OR DIFFICULTY BREATHING



50% Call the hotline and follow instructions

48% Go to public primary health-care centre

or hospital



2% Go to a private clinic or hospital



48% Call the hotline and follow instructions



13% Stay home and wait for symptoms to improve or worsen



38% Go to public primary health-care centre or hospital



1% Go to a private clinic or hospital

VULNERABLE GROUPS



9% diabetes



7% serious heart conditions



3% cancer or weakened immune system

6 15

15% diabetes

) 11

11% serious heart conditions

3% chronic lung disease or moderate to severe asthma

3% severe obesity

COVID-19 PREVENTION MEASURES AWARENESS



98%	Washing hands regularly or cleaning them with alcohol-based hand rub
84%	Avoiding touching your face
51%	Maintaining at least one meter distance from others
44%	Staying home if you feel unwell
36%	Avoiding unnecessary travel and staying away from large groups of people
29%	Covering your mouth and nose with a mask when around others
14%	Covering your mouth and nose when coughing or sneezing
2%	Refraining from smoking and other activities that weaken the lungs



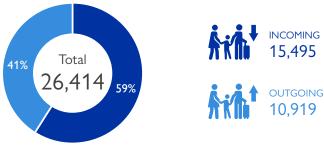
BASHMAGH

BORDERING COUNTRY: ISLAMIC REPUBLIC OF IRAN

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7,671	6,171	6,397	6,175		294	337	325	294	253	297	271	14	12	16	14
NOV	DEC	JAN	FEB	NOV	DEC	JAN	FEB	NOV	DEC	JAN	FEB	NOV	DEC	JAN	FEB
TOTA	l Number	OF TRAVE		1	GE NUMBE PER	R OF TRAV		ТОТ.	AL NUMBE PER M		CLES	AVERAGE NUMBER OF VEHICLES PER DAY			

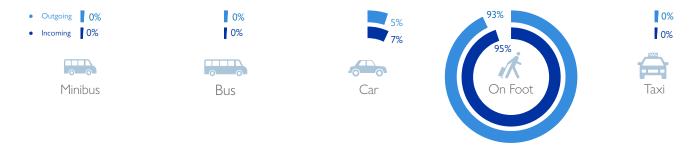
At the Bashmagh point, data collection took place from 1 November 2020 to 28 February 2021, weekdays only from 9:00 a.m. to 5:00 p.m. During this period, this border crossing point was open every day for incoming and outgoing travellers. Iraqi, Iranian and Turkish nationals were permitted to travel across the border while other nationalities needed permission from the Ministry of Interior. In January 2021, a new rule at this border point required foreign nationals who have not obtained a pre-arrival visa to pay 100,000 Iraqi dinars for an entry visa. All arrivals older than 10 years were required to undertake the COVID-19 PCR test at the border point's testing facility.

Number and percentage of travellers by type of flow

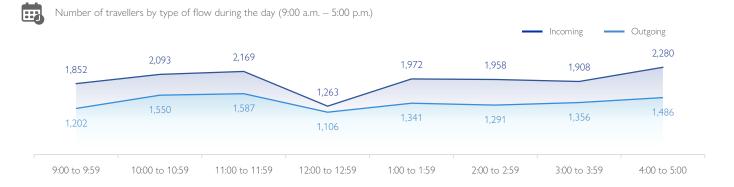


During this period, the Bashmagh border crossing point witnessed the largest flow of travellers in November 2020, with 7,671 individuals (combining incoming and outgoing flows) and the lowest flow in December 2020, with 6,171 individuals. Between November 2020 and February 2021, DTM identified a total of 26,414 individuals crossing this border point, with 15,495 entering Iraq after being abroad (incoming flow) and 10,919 individuals exiting Iraq to another country (outgoing flow). On average, the border was crossed by 365 travellers per day and 14 vehicles per day (including private cars, taxi, buses and minibuses) in November 2020; 294 travellers and 12 vehicles per day in December 2020; 337 travellers and 16 vehicles per day in January 2021; and 325 travellers and 14 vehicles per day in February 2021. Most travellers crossed this border point on foot, with only some crossings by private cars, which is consistent with the previous round of data collection.

Percentage of travellers by means of transportation



The number of outgoing travellers slightly exceeded the number of incoming travellers for this border crossing point, with flow evenly distributed during the monitored hours.





BASHMAGH

BORDERING COUNTRY: ISLAMIC REPUBLIC OF IRAN

Most incoming and outgoing travellers were men. Women represented 24 per cent of incoming and 26 per cent of outgoing flows. A small percentage of travellers were older adults (older than 60 years), that is, two per cent of incoming and two per cent of outgoing travellers; around three quarters of incoming travellers and around three fifths of outgoing travellers were middle-aged (35–60 years old) and the remaining were young adults (18–34 years old).

Most incoming and outgoing travellers were Iranians residing in their home country. Around one fifth of incoming and one third of outgoing travellers were Iraqis also residing in their home country. Most travellers crossed the border temporarily for a duration of up to three months. The main reasons for entering Iraq were employment (35%), business or trade (25%) and family visits (18%). The main reasons for exiting Iraq were returning to the country of habitual residence (45%), followed by business or trade (22%), medical treatment (18%) and family visits (14%).



Note: Respondents could choose more than one option; response options 'other reasons' and reasons with less than 1 per cent are not shown on this chart.



COVID-19 AWARENESS OF TRAVELLERS

BASHMAGH

BORDERING COUNTRY: ISLAMIC REPUBLIC OF IRAN

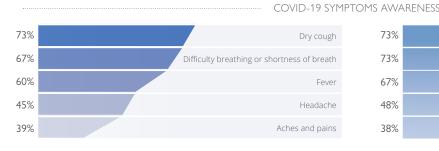
Travellers were asked about their awareness of COVID-19 symptoms, prevention measures and risk factors. Most incoming travellers were aware of dry cough as a common symptom but fewer reported knowing other symptoms including difficulty breathing or shortness of breath and fever. Most outgoing travellers were aware of fever and difficulty breathing as common symptoms but fewer reported knowing dry cough or loss of taste or smell.

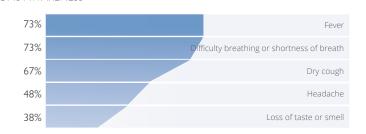
Incoming travellers would go to a private clinic or hospital in case of symptoms (49%) or go to a public primary health-care centre (45%), while a few would call the hotline and follow instructions (6%). For outgoing travellers, 49 per cent of travellers would go to a private clinic or hospital, 44 per cent would go to a public primary health-care centre while 6 per cent would call the hotline and follow instructions.

Some travellers reported having health conditions for which COVID-19 is often more severe. Specifically, the incoming flow had five per cent each of travellers with diabetes and five per cent with serious heart conditions. Outgoing flow had three per cent with diabetes and four per cent serious heart conditions.



MI OUTGOING





ACTIONS IN CASE OF TRAVELLERS OR SOMEONE FROM THEIR FAMILY HAVE COUGH, FEVER OR DIFFICULTY BREATHING



49% Go to a private clinic or hospital



45% Go to public primary health-care centre or hospital



6% Call the hotline and follow instructions



49% Go to a private clinic or hospital



6% Call the hotline and follow instructions



44% Go to public primary health-care centre or hospital





5% diabetes



5% serious heart conditions

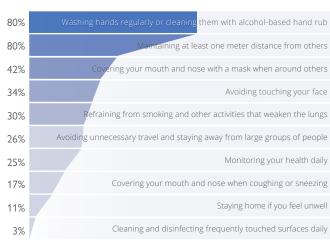
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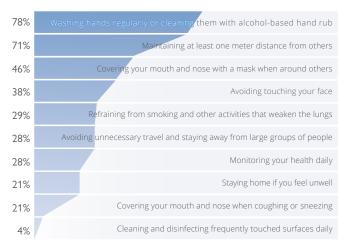
3% diabetes



4% serious heart conditions

COVID-19 PREVENTION MEASURES AWARENESS







AL-SHALAMCHA

BORDERING COUNTRY: ISLAMIC REPUBLIC OF IRAN

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1,069	353	216	237	49	16	11	13	0	0	0	0	0	0	0	0
NOV	DEC	JAN	FEB	NOV	DEC	JAN	FEB	NOV	DEC	JAN	FEB	NOV	DEC	JAN	FEB
	L NUMBER	OF TRAVE			GE NUMBE PER	R OF TRAV			AL NUMBE PER M	R OF VEHI		AVERAGE NUMBER OF VEHICLES PER DAY			

At the Al-Shalamcha point, data collection took place from 1 November 2020 to 25 February 2021, weekdays only from 9:00 a.m. to 5:00 p.m. During this period, this border crossing point was open every day for 24 hours.

Only Iraqi nationals were permitted to enter, and they must obtain permission from the Iranian authorities prior to entering Iran. All outgoing travellers are required to sign a pledge committing to not return to Iraq via this border point. COVID-19 testing facilities are not in place at this border crossing point. All arrivals at the border point had to have a negative PCR swab test result taken within 72 hours prior to crossing.

Number and percentage of travellers by type of flow

1,875

1,875

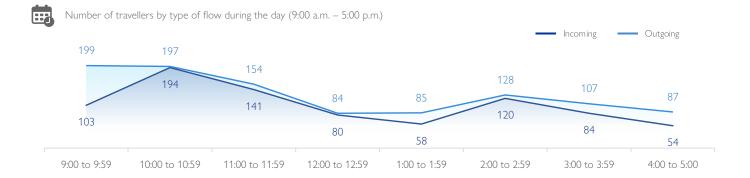
OUTGOING
1,041

During this period, the Al-Shalamcha border crossing point witnessed the largest flow of travellers in November 2020, with 1,069 individuals (combining incoming and outgoing flows) and the lowest flow in January 2021 with 216 individuals. Between November 2020 and February 2021, DTM identified a total of 1,875 individuals crossing this border point, with 834 entering Iraq after being abroad (incoming flow) and 1,041 individuals exiting Iraq to another country (outgoing flow). On average, the border was crossed by 49 travellers per day in November 2020; 16 travellers per day in December 2020; 11 travellers per day in February 2021. All travellers crossed this border point on foot, which is consistent with the border point's regulations.

Percentage of travellers by means of transportation



The number of outgoing travellers exceeded the number of incoming travellers for this border crossing point, with flow evenly distributed during the monitored hours.





AL-SHALAMCHA

BORDERING COUNTRY: ISLAMIC REPUBLIC OF IRAN

Most incoming and outgoing travellers were men. Women represented 32 per cent of incoming and 19 per cent of outgoing flows. Unlike for other border crossings, the percentage of older adults (older than 60 years) was relatively large at this border crossing point, that is 12 per cent of incoming and 3 per cent of outgoing travellers. Around three fifths of the incoming and outgoing travellers were middle-aged (35–60 years old) and the remaining were young adults (18–34 years old).

All travellers (both incoming and outgoing) were Iraqis residing in their home country. Nearly all travellers crossed the border temporarily for a duration of up to three months. Returning home was the main reason to cross for all incoming travellers. For outgoing flow, the main reasons for travel were medical treatment (69%), followed by education (20%).



Note: Respondents could choose more than one option; response options 'other reasons' and reasons with less than 1 per cent are not shown on this chart.



AL-SHALAMCHA

BORDERING COUNTRY: ISLAMIC REPUBLIC OF IRAN

Travellers were asked about their awareness of COVID-19 symptoms, prevention measures and risk factors. Most incoming and outgoing travellers mentioned tiredness, fever, dry cough and difficulty breathing or shortness of breath as common symptoms. Most incoming and outgoing travellers were also aware of main prevention measures such as washing hands regularly, wearing a mask when around others and maintaining distance.

Most incoming travellers would go to a public primary health-care centre or hospital in case of symptoms while a quarter would go to a private clinic or hospital and few would stay home and wait for symptoms to improve or worsen. Around two thirds of the outgoing travellers would go to a public primary healthcare centre or hospital, a quarter would go to a private clinic or hospital and around one tenth would stay home and wait for symptoms to improve or worsen.

Some travellers reported having health conditions for which COVID-19 is often more severe. Specifically, the incoming flow had 18 per cent of travellers with diabetes, 14 per cent with serious heart conditions, 12 per cent with chronic lung disease or moderate to severe asthma, 9 per cent with liver disease, and 6 per cent with chronic kidney disease undergoing dialysis. Outgoing flow had 17 per cent with diabetes, 15 per cent with serious heart conditions, 10 per cent with cancer or weakened immune system, 8 per cent with chronic lung disease or moderate to severe asthma, 6 per cent with chronic kidney disease undergoing dialysis and 4 per cent with liver disease. These high percentages correspond with the main reason for travel – seeking medical treatment.

INCOMING

OUTGOING







ACTIONS IN CASE OF TRAVELLERS OR SOMEONE FROM THEIR FAMILY HAVE COUGH, FEVER OR DIFFICULTY BREATHING



70% Go to public primary health-care centre or hospital



24% Go to a private clinic or hospital



6% Stay home and wait for symptoms to improve or worsen



65% Go to public primary health-care centre or hospital



9% Stay home and wait for symptoms to improve or worsen



25% Go to a private clinic or hospital



1% Call the hotline and follow instructions



18% diabetes

14% serious heart



9% liver disease



6% chronic kidney disease undergoing dialysis



17% diabetes



8% chronic lung disease or moderate to severe asthma



15% serious heart conditions



6% chronic kidney disease undergoing dialysis



12% chronic lung disease or moderate to severe asthma

10% cancer or weakened immune system

4% liver disease

COVID-19 PREVENTION MEASURES AWARENESS

VULNERABLE GROUPS

99%	Covering your mouth and nose with a mask when around others	100%	Washing hands regularly or cleaning them with alcohol-based hand rub
99%	Washing hands regularly or cleaning them with alcohol-based hand rub	89%	Maintaining at least one meter distance from others
94%	Walntaining at least one meter distance from others	80%	Covering your mouth and nose when coughing or sneezing
89%	Covering your mouth and nose when coughing or sneezing	77%	Govering your mouth and nose with a mask when around others
58%	Avoiding touching your face	63%	Avoiding touching your face
52%	Staying home if you feel unwell	50%	Staying home if you feel unwell
38%	Cleaning and disinfecting frequently touched surfaces daily	32%	Cleaning and disinfecting frequently touched surfaces daily
26%	Avoiding unnecessary travel and staying away from large groups of people	25%	Refraining from smoking and other activities that weaken the lungs
24%	Monitoring your health daily	20%	Avoiding unnecessary travel and staying away from large groups of people
23%	Refraining from smoking and other activities that weaken the lungs	11%	Monitoring your health daily



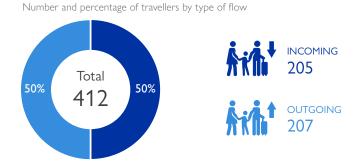
ZURBATIYAH - WASSIT TERMINAL

BORDERING COUNTRY: ISLAMIC REPUBLIC OF IRAN



At the Zurbatiyah point, data collection took place from 1 November to 25 February 2021, weekdays only from 9:00 a.m. to 5:00 p.m. During this period, this border crossing point was open every day for 24 hours. Any nationality could cross. Outgoing travellers were required to sign a pledge committing to not return to Iraq via this border crossing point.

COVID-19 testing facilities are not in place at this border crossing point. All arrivals at the border point had to have a negative PCR test result taken within 72 hours prior to crossing.

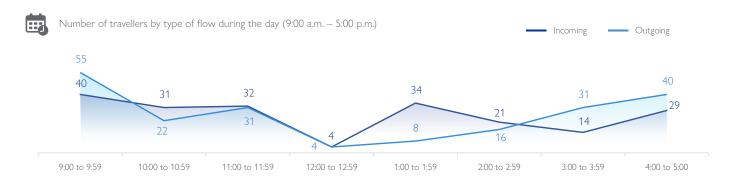


During this period, the Zurbatiyah border crossing point witnessed a low flow of travellers with the highest number in November 2020 (118 individuals, combining incoming and outgoing flows) and the lowest in February 2021 (92 individuals). Between November 2020 and February 2021, DTM identified a total of 412 individuals crossing this border point, with 205 entering Iraq after being abroad (incoming flow) and 207 individuals exiting Iraq to another country (outgoing flow). On average, the border was crossed by five travellers per day in each month between November and February. All travellers crossed this border point on foot, which is consistent with the border point's regulations.

Percentage of travellers by means of transportation



The number of outgoing travellers almost equalled the number of incoming travellers for this border crossing point with peak crossing between 9:00 a.m. and 10:00 a.m.



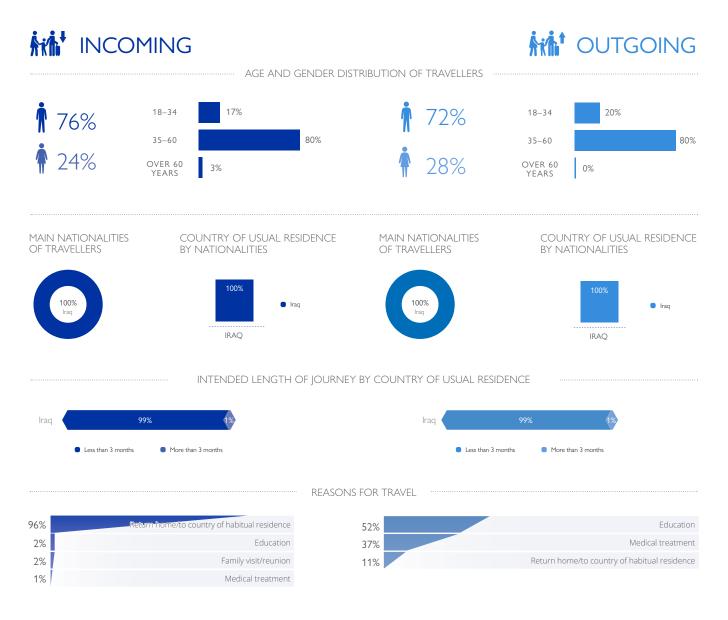


ZURBATIYAH - WASSIT TERMINAL

BORDERING COUNTRY: ISLAMIC REPUBLIC OF IRAN

Most incoming and outgoing travellers were men. Women represented 24 per cent of incoming and 28 per cent of outgoing flows. A small percentage of travellers were older adults (older than 60 years), that is, three per cent of incoming travellers. Most incoming and outgoing travellers were middle-aged (35–60 years old) and the remaining were young adults (18–34 years old).

All travellers (both incoming and outgoing) were lraqis residing in their home country. Nearly all travellers crossed the border temporarily for a duration of up to three months. Returning home was the main reason to cross for nearly all incoming travellers. For outgoing flow, the main reasons for travel were education (52%), followed by medical treatment (37%) and returning to the country of habitual residence (11%).



Note: Respondents could choose more than one option, response option 'other reasons' is not shown on this chart.



ZURBATIYAH - WASSIT TERMINAL

BORDERING COUNTRY: ISLAMIC REPUBLIC OF IRAN

Travellers were asked about their awareness of COVID-19 symptoms, prevention measures and risk factors. Most incoming and outgoing travellers were aware of main symptoms such as fever, dry cough, difficulty breathing and loss of taste or smell. Most incoming and outgoing travellers were also aware of main prevention measures such as washing hands regularly, covering their mouth and nose with a mask when around others and maintaining distance.

Most incoming travellers would go to private clinic or hospital in case of symptoms, around a quarter would stay home and wait for symptoms to improve or worsen, while a small percentage would go to a public primary health-care centre or hospital. Around half of the outgoing travellers would go to a public primary health care-centre or hospital, two fifths would go to a private clinic or hospital, while one tenth would stay home and wait for symptoms to improve or worsen.

Some travellers reported having health conditions for which COVID-19 is often more severe. Specifically, the incoming flow had 14 per cent of travellers with diabetes, 10 per cent with serious heart conditions and 5 per cent with cancer or weakened immune system. Outgoing flow had 14 per cent with diabetes, 13 per cent with serious heart conditions and 6 per cent with chronic lung disease or moderate to severe asthma. These high percentages correspond with one of the main reasons for travel, which is seeking medical treatment.



MI OUTGOING







ACTIONS IN CASE OF TRAVELLERS OR SOMEONE FROM THEIR FAMILY HAVE COUGH, FEVER OR DIFFICULTY BREATHING



66% Go to a private clinic or hospital



23% Stay home and wait for symptoms to improve or worsen



11% Go to public primary health-care centre or hospital



52% Go to public primary health-care centre or hospital



10% Stay home and wait for symptoms to improve or worsen



38% Go to a private clinic or hospital



14% diabetes



10% serious heart conditions



5% cancer or weakened immune system



14% diabetes

conditions

13% serious heart



6% chronic lung disease or moderate to severe asthma

COVID-19 PREVENTION MEASURES AWARENESS

VULNERABLE GROUPS

Washing hands regularly or cleaning them with alcohol-based hand rub 97% with a mask when around others 88% east one meter distance from others 79% nouth and nose when coughing or sneezing 75% Staying home if you feel unwell 67% Avoiding touching your face 60% Refraining from smoking and other activities that weaken the lungs 28% Avoiding unnecessary travel and staying away from large groups of people 17% Cleaning and disinfecting frequently touched surfaces daily 14% 1% Monitoring your health daily



METHODOLOGY

The data for this report took place at five border crossing points between November 2020 and February 2021 on weekdays only, from 9:00 a.m. to 5:00 p.m. with a lunch break of 30 minutes between 12:30 p.m. and 1:00 p.m. Data was collected through IOM's enumerators, composed of 14 staff members deployed across Iraq (35% of enumerators are female).

The border crossing points were selected based on observations conducted in May 2019 by IOM's Rapid Assessment and Response Teams (RARTs).³ Specific criteria were used to select the border crossing points: 1) high volume of daily crossings leading to border countries; 2) diversity, both in geography and type of border point (official/unofficial border points, bus stations, etc.); and 3) ability of staff to reach and operate from the location for daily data collection and fund optimization.

Out of 16 locations assessed, five border crossing points were selected for data collection:

- · Ibrahim Al-Khalil in Dahuk Governorate, bordering Turkey;
- Fishkhabour in Dahuk Governorate, bordering the Syrian Arab Republic;
- · Bashmagh in Sulaymaniyah Governorate, bordering the Islamic Republic of Iran;
- Zurbatiyah (Wassit Terminal) in Wassit Governorate, bordering the Islamic Republic of Iran;
- Al-Shalamcha in Basrah Governorate, bordering the Islamic Republic of Iran.

The data collection methodology for cross-border monitoring in Iraq was developed in cooperation with the IPAZIA Ricerche. It includes employing two different approaches: 1) headcount of all travellers entering or leaving Iraq, and 2) survey of randomly sampled travellers identified as entering or exiting Iraq.

The counting exercise aims to enumerate all individuals crossing national borders and to identify the total volume of travellers who enter Iraq after being abroad (incoming flow) and travellers who exit Iraq to another country (outgoing flow). Counting was conducted by observation, using tablets to record the type of flow (incoming/outgoing), the time of crossing (day, hour, minutes) and the number of travellers by means of transport (whether by private car, taxi, bus or minibus – up to 15 seats).

The survey aims to collect information about travellers and was conducted through face-to-face interviews, using tablets to record socio-demographic characteristics and reasons for travel. Respondents were selected randomly through the adoption of a 'systematic step/interval' – i.e. travellers are systematically selected at fixed intervals from the start of the workday. The interval was fixed at 1:3 (one in every three individuals will be selected for an interview). All travellers aged 18 years and older who were crossing borders were eligible for an interview, regardless of their nationality. Sampling weight was applied to generalize the characteristics of travellers.

Data presented in this report is representative of the travellers crossing at each of the three selected border points between 9:00 a.m. and 5:00 p.m. during weekdays only. Data should not be generalized to all inter and intra-regional migration; rather, the data captures information on migration at the three border points monitored. Data collected in assessed border points should not lead to assumptions about flows in non-assessed border points or areas without monitoring points.

DISCLAIMER

The designations employed and the presentation of material throughout the report do not imply the expression of any opinion whatsoever on the part of IOM concerning the legal status of any country, territory, city or area, or of its authorities, or concerning its frontiers or boundaries. IOM is committed to the principle that humane and orderly migration benefits migrants and society. As an intergovernmental organization, IOM acts with its partners in the international community to: assist in the meeting of operational challenges of migration; advance understanding of migration issues; encourage social and economic development through migration; and uphold the human dignity and well-being of migrants. This document was produced with the financial assistance of the European Union. The views expressed herein can in no way be taken to reflect the official opinion of the European Union.

Please refer to the methodological note for more details. Available online at: http://iraqdtm.iom.int/







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