

# COVID-19 IMPACT SURVEY ROUND II

JULY 2020

## INTRODUCTION

This report provides findings on the status of health-care services, public awareness levels, access to services, movement restrictions and the overall impact of the coronavirus disease 2019 (COVID-19) pandemic across Iraq. Data was collected for all of Iraq at subdistrict level for 401 subdistricts and took place between 3 and 9 June 2020 through face-to-face and phone interviews with a broad network of key informants (KIs) across the country. The detailed findings and dataset can be found on the COVID-19 dashboard.

## KEY FINDINGS

- KIs reporting the presence of checkpoints to control population movements in most areas has decreased from 76 per cent in April to 46 per cent in June, which is linked to the easing of restrictions in many areas of the country. Compared to April when the whole country was subject to movement restrictions/curfew orders, only 48 per cent of subdistricts were reportedly subject to complete movement restrictions in early June. Similarly, fines/punishments for violations are also reportedly being issued in fewer areas in June (45%) compared with April (56%).
- The proportion of KIs reporting some groups being impacted by the COVID-19 crisis more than others within society rose from 62 per cent in April to 71 per cent in June. The groups most commonly reported as being more affected are daily laborers, internally displaced persons (IDPs), and the elderly. Furthermore, the proportion of KIs reporting that assistance is being provided to disproportionately affected groups has decreased from 73 per cent in April to 56 per cent in June.
- KIs reported expecting the pandemic to have a significant financial impact on their sub-districts at around double the rate in June (96%) than in April (44%). Additionally of concern, KIs' expectations of psychological effects on the population due to the pandemic jumped significantly from 15 per cent in April to 66 per cent in June.
- Whilst price increases due to the pandemic remain fairly common (reported in 23% of subdistricts for food items, 37% for medicines, and 45% for NFIs), fewer KIs have reported issues with shortages or price increases of critical goods in their subdistrict in June compared with April.<sup>1</sup>
- Access to health care remains high, with KIs in 93 per cent of subdistricts reporting that public health-care clinics are open and accessible, up from 86 per cent in April. Additionally, there was a decrease in the number of subdistricts where private clinics/hospitals are reportedly closed, falling from 43 per cent in April to 11 per cent in June.
- In June, 63 per cent of KIs reported that the first action their families would take if a family member showed symptoms of COVID-19 would be to go to a public primary health-care centre, up from 56 per cent in April.

<sup>1</sup> Figures include subdistricts that reported 'there are price increases' and 'there are both price increases and shortages'.

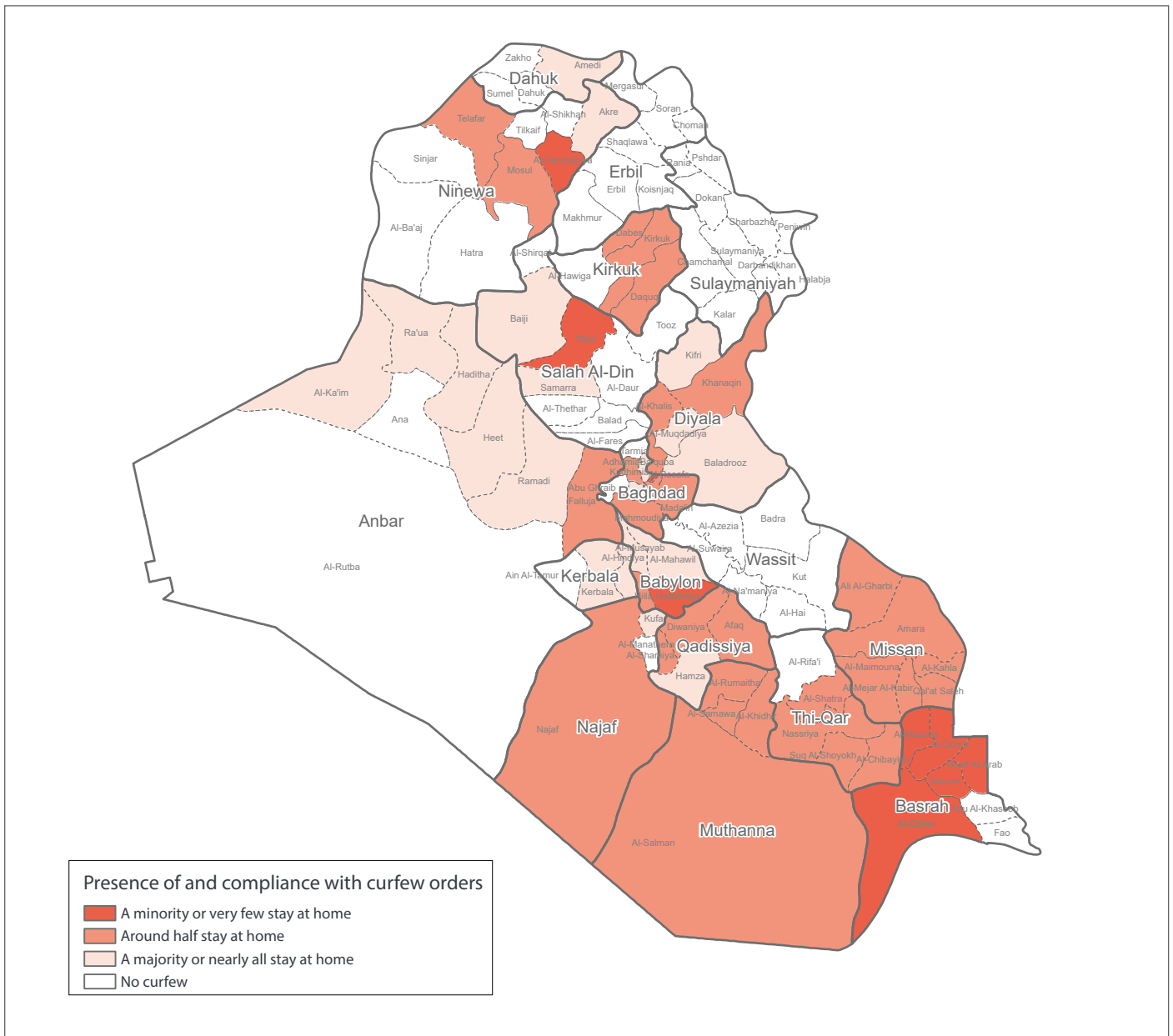
# MAIN FINDINGS

## MOVEMENT RESTRICTIONS

Compared to April when the whole country was subject to movement restrictions/curfew orders, only 48 per cent of subdistricts were reportedly subject to complete movement restrictions in early June. Restrictions on movement between other subdistricts/governorates only were reported in 41 per cent of subdistricts, whilst 11 per cent of subdistricts reportedly

had no movement restrictions at all.<sup>2</sup> Additionally, whilst curfew orders are still in place in the southern governorates, the majority of KIs reported that only half the population or less are still respecting these orders. Map 1 below shows where these issues are most prevalent.

Map 1. Presence of and compliance with curfew orders



The proportion of KIs reporting the presence of checkpoints to control population movements across the country has decreased, falling from 76 per cent in April to 46 per cent in June, which is linked to the easing of restrictions in many areas of the country.

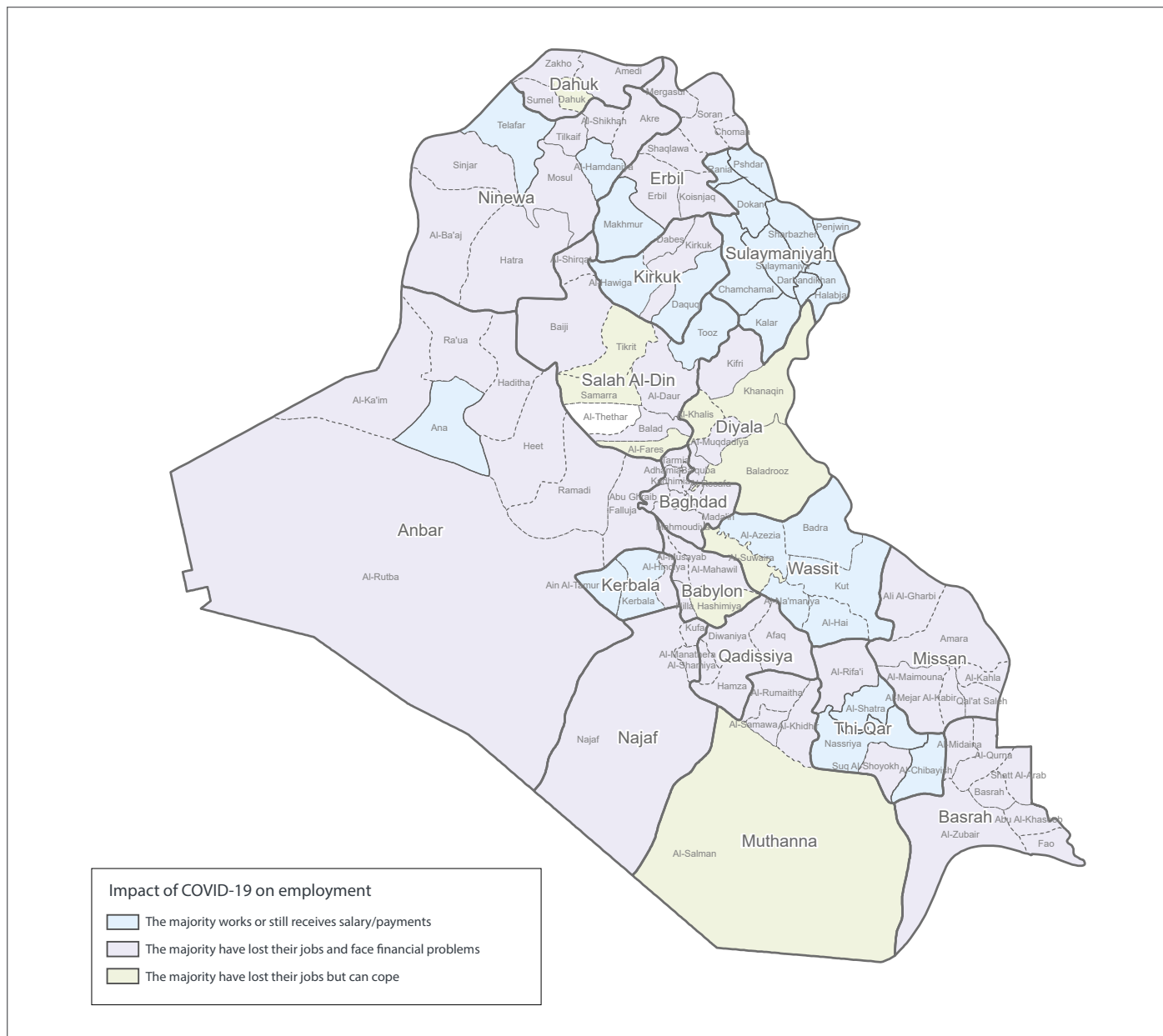
Similarly, fines/punishments for violations are also being issued in fewer areas, with 56 per cent of KIs reporting this occurrence in April compared with 45 per cent in June.



As of June, 59 per cent of KIs reported that most people in their subdistricts have lost their job and face financial problems, while a further 13 per cent reported that the majority have lost their jobs but can cope financially. In April, only 10 per cent of KIs reported that most people in their subdistrict were still working

or receiving a salary. By June, this number rose to 28 per cent, indicating a return to work. This was more commonly reported in Sulaymaniyah, Wassit and Thi-Qar (Map 1). The proportion of KIs mentioning that the majority lost their jobs but could still cope decreased from 22 per cent in April to 10 per cent in June.

Map 3. Impact of COVID-19 on employment



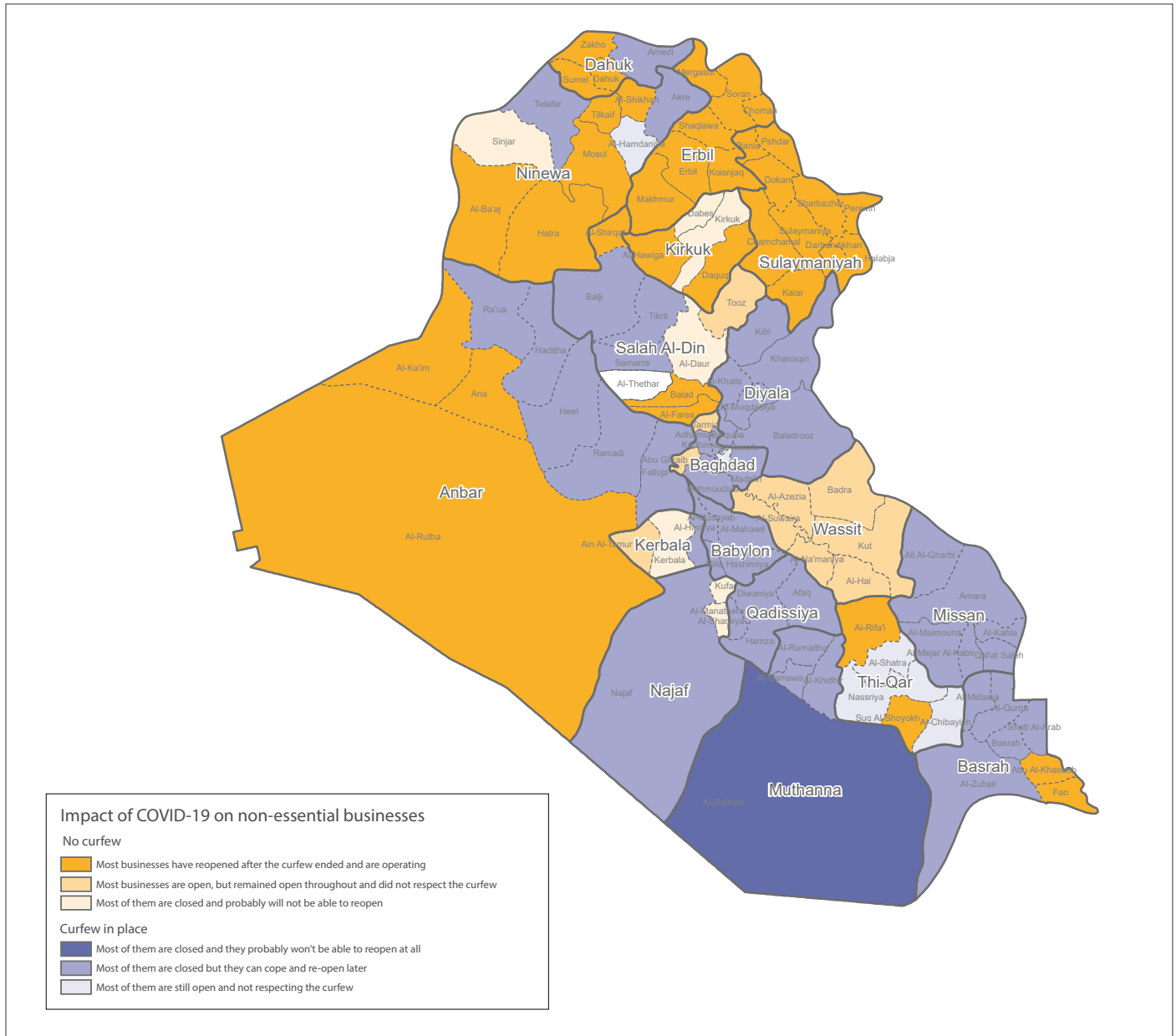
The proportion of KIs reporting some groups being impacted by the COVID-19 crisis more than others rose from 62 per cent in April to 71 per cent in June. These groups include daily laborers, IDPs and the elderly, with returnees also reported as more vulnerable in locations with returnee populations. Between the two rounds of data collection, daily labourers have remained the most affected group. Basrah was the only governorate where KIs identified all segments of society as being equally impacted. Additionally, the proportion of KIs reporting that assistance is being provided to disproportionately affected groups has decreased from 73 per cent in April to 56 per cent

in June. The main providers of aid include the host community/ affluent individuals or relatives (reported by 87% of KIs), followed by government authorities (49%), as well as nongovernmental organizations (NGOs) and religious entities (both 28%).

In map 4 below, areas in orange highlight where KIs reported the curfew is lifted, and non-essential businesses (other than supermarkets, banks and health-related services) are reopening, while areas in purple show presence of curfew. In both types of areas, there is a wide re-opening of businesses.<sup>4</sup>

<sup>4</sup> The data collected on curfew orders was accurate at the time of data collection, however these orders are subject to change.

Map 4. Impact of COVID-19 on non-essential businesses

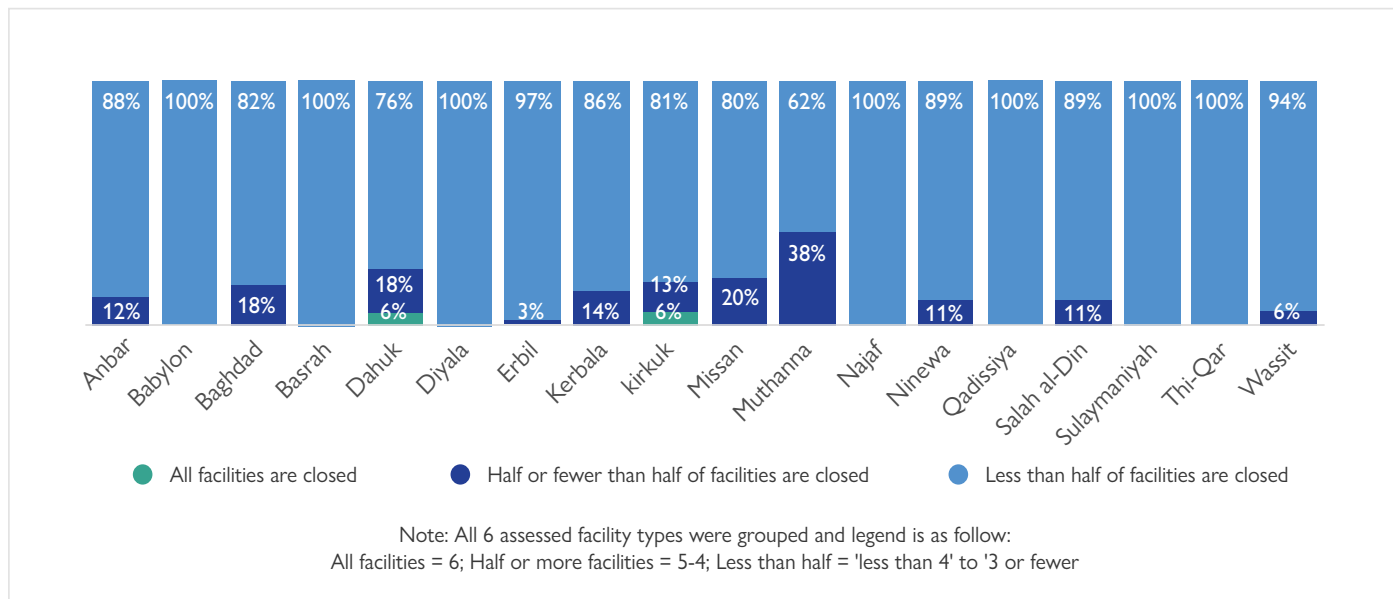


In some areas, non-essential businesses are reportedly continuing to operate despite the curfew orders remaining in place. Governorates where this is reportedly taking place are in Thi-Qar, Ninewa and Baghdad. The proportion of KIs reporting that they believed closed businesses would not be able to re-open after curfew increased from 5 per cent at the national level in April, to 6 per cent in areas without a curfew and 12 per cent in areas with curfew in June. Muthanna is the only governorate where KIs reported that the majority of businesses are closed and are not expected to be able to re-open later.

**IMPACT ON SERVICES, FACILITIES AND GOODS**

A high proportion of KIs reported that essential facilities are open and operating at the same level as before the curfew orders started, including pharmacies (71%), supermarkets (62%) and markets (62%). Also having returned to pre-curfew levels is the delivery of essential services, including water (reported by 96% of KIs), electricity (84%), desludging (81%), and garbage collection (78%). Only in Dahuk and Kirkuk governorates did some KIs report that all facilities in their subdistricts are closed, whilst half or more facilities being closed was most commonly reported in Muthanna (38%).

Figure 1. Access to essential facilities per governorate<sup>5</sup>



Whilst price increases due to the pandemic remain fairly common, with non-food items (NFIs) being the most affected category (reported in 23% of subdistricts for food items, 37% for medicines, and 45% for NFIs), fewer KIs have reported issues with shortages or price increases of critical goods in their subdistrict in

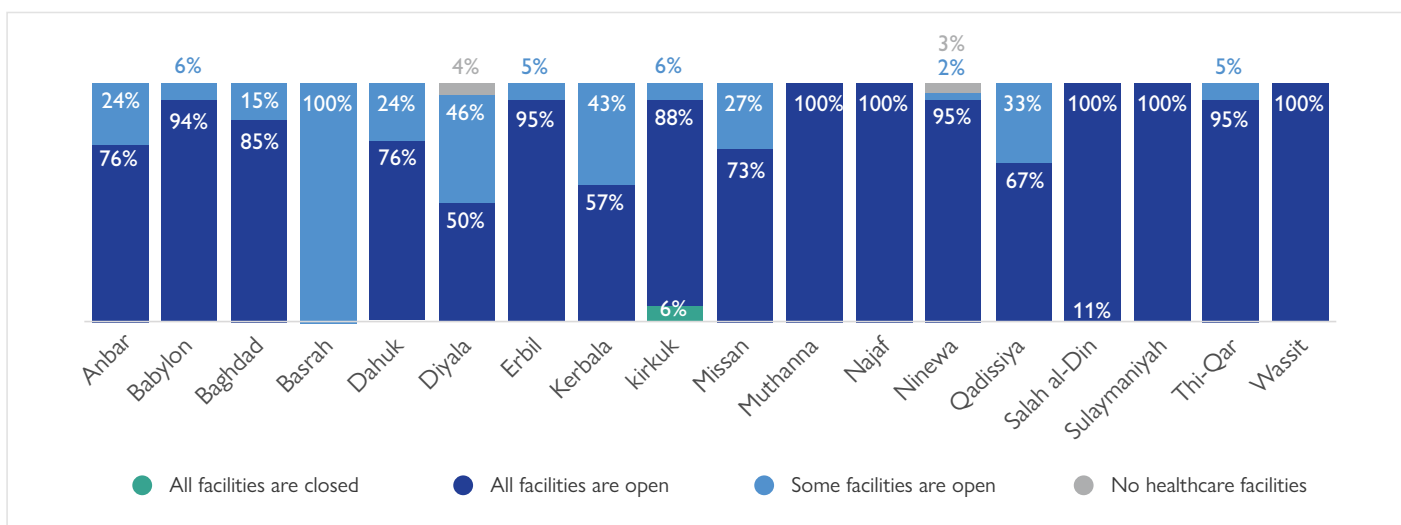
June compared with April. Issues with price increases/shortages of goods were much more commonly reported across the governorates of Federal Iraq than in the Kurdistan Region of Iraq (KRI) where issues were not reported commonly.

### IMPACT ON HEALTH-CARE PROVISION AND HEALTH-RELATED AWARENESS AND PRACTICES

Access to health care remains high across the country, with KIs in 93 per cent of subdistricts reporting that public health care clinics are open and accessible, up from 86 per cent in April. Additionally, KIs reported the presence of public hospitals in 55 per cent of subdistricts—of which almost all were reported as open and accessible. The number of subdistricts where private

clinics/hospitals are reportedly closed has decreased from 43 per cent in April to 11 per cent in June. Kirkuk is the only governorate where KIs (6%) reported all facilities being closed. The highest rates of reporting that some healthcare facilities remain closed were in the governorates of Diyala (46%), Kerbala (43%) and Qadissiya (33%).

Figure 2. Access to health-care facilities per governorate<sup>6</sup>



<sup>5</sup> Percentages may not add to 100% due to the rounding applied

<sup>6</sup> Percentages may not add to 100% due to the rounding applied

In June, 63 per cent of KIs reported that the first action for people in their subdistrict if a family member showed symptoms of COVID-19 would be to go to a public primary health-care centre, up from 56 per cent in April. The proportion of KIs reporting the first course of action would be to call the hotline

and follow instructions fell slightly from 38 per cent in April to 32 per cent in June. Calling the hotline as the first course of action is more commonly reported in KRI than Federal Iraq, with all KIs (100%) reporting that this practice would be employed in Dahuk, 76 per cent in Erbil, and 46 per cent in Sulaymaniyah.

## ASSESSMENT METHODOLOGY

The data for round one of this COVID-19 dashboard was collected between 9 and 13 April, and round two between 3 and 9 June 2020. The information was collected at the subdistrict level and covers 401 subdistricts across Iraq (2 sub-districts were non-assessable). Data was collected through IOM's Rapid Assessment and Response Teams (RARTs), composed of over 100 staff members deployed across Iraq (20% of enumerators are female). IOM's RARTs collect data through phone and face-to-face interviews with KIs using a large, well-established network that includes community leaders, mukhtars, local authorities and security forces. KIs are asked questions that aim to represent the current situation across the subdistrict, and their answers are not

based on their opinions, unless specifically mentioned. Whenever possible, triangulation of findings was conducted with more than one KI per subdistrict. All data was collected by telephone, as access restrictions made face-to-face interviews impossible.


The aim of the assessment is to give a comprehensive picture of the status of health-care services, public awareness levels, access to services, movement restrictions and the overall impact of the pandemic across all governorates of Iraq. The tool used to gather this information was developed in close collaboration with the Assessment Working Group (AWG), which includes the Health Cluster and other key health actors.

GOVERNORATE	NO. OF KIS INTERVIEWED
Anbar	25
Babylon	16
Baghdad	40
Basrah	17
Dahuk	17
Diyala	26
Erbil	37
Kerbala	7
Kirkuk	16
Missan	15
Muthanna	13
Najaf	12
Ninewa	37
Qadissiya	15
Salah al-Din	19
Sulaymaniyah	52
Thi-Qar	20
Wassit	17
<b>Total interviews</b>	<b>401</b>

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JULY 2020

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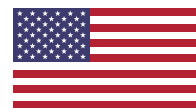
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IOM Iraq thanks the U.S. Department of State, Bureau of Population, Refugees and Migration (PRM) for its continued support.

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