

Iraq

Protection Monitoring of Refugees in Response to COVID-19

Round 3 (November-December 2020)

December 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 over 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 1,407 HH were interviewed in Round 3 (November-December 2020), complementing 1,605 HH interviewed in Round 2 (October 2020), and 1,653 HH interviewed for Round 1 (August-September 2020).

This report is a summary of Round 3 findings, highlighting the impact of COVID on the protection situation of refugees and asylum-seekers across Iraq.

Round 1 and 2 findings are available at: <http://data2.unhcr.org/en/situations/syria/location/5>.

Key Findings

- A growing majority of HH continue to feel well informed about COVID, sourcing information from media and close acquaintances, with the highest degree of trust in government sources and increasing trust in aid agencies, possibly due to expanded communication efforts.
- Cumulatively across all Rounds, nearly all HH (93%) surveyed own at least one smart device, with slightly fewer able to access internet (83%). 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 22 total evictions in Round 3, 22 in Round 2, and 86 in Round 1, due largely to the inability to pay rent.
- A growing percentage of HH (60%) report reducing overall food consumption and taking on debt in response to COVID despite rollout of winterization and humanitarian cash assistance during the reporting period. Nearly a third of HH are now reliant on humanitarian cash assistance (up from 22%, Round 1), with a decreasing percentage (15%) tapping into remaining savings.
- Consistent with Rounds 1 and 2, 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.
- Hesitations accessing non-COVID related healthcare persist. Of PwSN requiring care, nearly 40% had not received any, consistent with Round 2. Financial constraints, pre-existing issues accessing care, and discontinuation of services were primarily cited.
- From Round 1 to 3, more HH reported accessing MHPSS services, while psychological states continued to vary between governorates. In governorates where services and awareness activities are more available, there was correspondence with lower levels of anxiety, suggesting efficacy of these programmes.
- From Round 2 to Round 3, there was a decrease in intentions to return to country of origin (CoO) in the next 12 months, with most HHs (90%) reporting no intent.

For more information, data analysis can be viewed at: <https://tinyurl.com/ybuzxjijn>

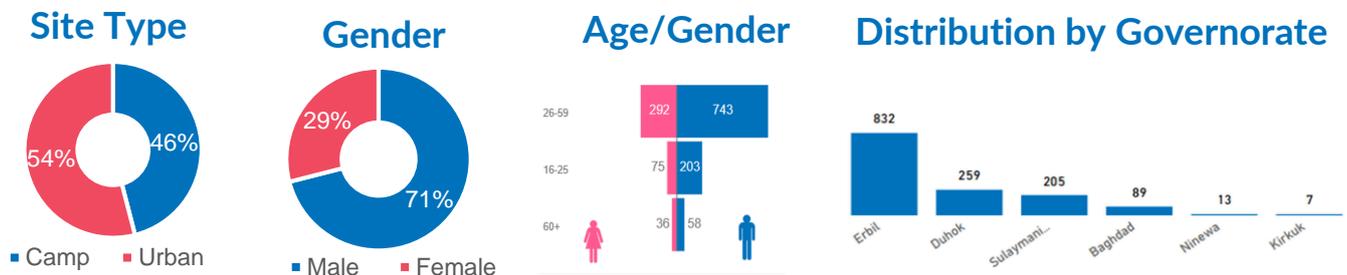
Contributing Partners: Harikar, SWEDO, Legal Clinic Network (LCN), Heartland Alliance (HAI), INTERSOS, International Rescue Committee (IRC)

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 November 2020, 241,682 Syrian refugees (61% urban, 39% camp) and 40,875 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 3 (November-December), 1,892 HH were targeted, of which 1,407 were reached and surveyed for this exercise. These surveys complement Round 1 (August-September) collection, for which 2,029 HH were targeted, of which 1,653 HH were reached, and Round 2 (October), of which 2,372 HH were targeted and 1,605 were reached. Round 3 demographics included:



Findings

Communication with Communities

Effectiveness of Communication

From Round 1 to 3, a growing percentage of HHs reported feeling well informed about COVID (88% to 93%, respectively). HH continue to report sourcing information predominantly from TV and radio, Facebook, and close personal acquaintances. The high degree of trust in government to provide accurate information also persisted, along with a slight increase in trust in aid agencies which may be linked to expanded and ongoing remote outreach efforts and diversified modalities, along with additional in-person activities as restrictions lifted. Ongoing reports of fraud schemes may also have encouraged trust in these sources.

Top 5 sources of information

- Media (tv/radio) (83%)¹ (84%)² (82%)³
- Friends and family (38%) (46%) (45%)
- Facebook (53%) (41%) (42%)
- Ministry of Health (web) (31%) (33%) (31%)
- Neighbours (23%) (29%) (31%)

1. Round 3 data; 2. Round 2 data; 3. Round 1 data

Top 5 most trusted sources

- Government (74%) (73%) (62%)
- Friends and family (40%) (43%) (34%)
- Other UN agencies/NGOs (24%) (22%) (17%)
- Neighbours (21%) (21%) (19%)
- UNHCR specific (19%) (18%) (9%)

Access to information

Consistent with Round 1 and 2, 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 3, consistent with prior Rounds, only half (51%) of spouses, and fewer than a quarter (21%) of children had access to a device within a HH, with implications on children's access to e-learning, as well as needs related to a spouse, elderly parents, etc.



Discrimination and impact of implementation of COVID-19 restrictions

From late September, air and inter-governorate travel remained open (following a period of extended closure from March), alongside intermittent border crossings into Syria from Dohuk for outbound travel from Iraq. Nevertheless, early closures deepened income insecurity among refugee and asylum-seeker HHs, many of whom are reliant on daily labour economies heavily impacted by lockdown measures.

HH reporting a family member stuck in another governorate dropped from 48 to 14 individuals (3% to 1% of respondents) from Rounds 1 to 3. Of that limited cohort, most cited:

- Specific movement restrictions for refugees/asylum-seekers (likely tied to expired documentation)
- Imposition of evening curfews
- Restrictions on entry into camps (likely due to increased demand for camp residence given parallel socio-economic pressures due to COVID), and/or
- Lack of funds for transportation

As refugee and asylum-seekers sometimes work and/or study in other governorates, movement limitations and curfews continue to increase vulnerability of these HHs. This is corroborated by an ongoing 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.

With borders open, over 90% of HH cite no impact of recent border closures, Of those negatively impacted, 1% respectively cited inability to travel to CoO to access healthcare or to return after going to their CoO for health-related issues—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.

Evictions

Consistent with prior Rounds, nearly all HH reported remaining in their homes, with only 2% facing eviction in Round 3. Of those evicted, almost all cited an inability to pay rent, with the smaller number of evictions in Round 3 possibly due to expansion of winterization and COVID-related cash assistance. For Round 3, of 22 evictions across Iraq, 50% were reported in Erbil. Cumulatively for Rounds 1-3, 135 HH reported eviction.

Coping Mechanisms

Despite an ongoing loosening of many movement and related restrictions during the reporting period, HH continued to report growing financial and food security vulnerabilities, impacting overall wellbeing. Nearly two-thirds of HH reported relying on loans/debt as their primary financial source, with increases in the percentage of HH relying on community support (42%), employment (39%), and humanitarian cash assistance (27%). Inversely, as compared to Round 2, there was a drop in HH tapping into remaining savings (15%). Over 60% of HH reported reducing overall consumption of food and taking on further debt.

Top HH adjustments to COVID

- Reduction of food consumption (62%)¹ (62%)² (63%)³
- Further debt to pay for necessities (60%) (57%) (53%)
- Limiting movement (56%) (58%) (52%)
- Support from extended family (32%) (28%) (31%)
- Selling household items (12%) (8%) (9%)
- Reduced spending on healthcare (8%) (9%) (15%)

1. Round 3 data; 2. Round 2 data; 3. Round 1 data

Top 5 financial sources (past 30 days)

- Loans, debt (63%) (61%) (58%)
- Community/friends/family support (42%) (33%) (35%)
- Employment (39%) (35%) (30%)
- Aid agency cash assistance (27%) (24%) (22%)
- Savings (15%) (24%) (29%)



Impact on women

Most women (90%) continued to report no change to their role in the family in relation to COVID.

Most women and girls countrywide continued to report access to sanitary/dignity kits, with a 2% drop from Round 2 to Round 3. Of the 20% who did not in Round 3, 40% cited prioritization of other basic items (down from 70% in Round 2), with 26% citing inability to afford these items.

Retraction: 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 3 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.

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, low enrolment in camp and urban environments into a parallel 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, while over 90% of HH own a smart device, children's access is significantly lower, and competing socio-economic pressures exacerbate engagement. For the 2020-2021 academic year, formal schooling in KR-I fully transitioned to e-learning during the reporting period following a spike in COVID cases, including for grades 1, 2, and 12 that had initially begun in-person. In central and southern governorates, schooling commenced on 29 November, with students attending one-day in-person and the remainder remotely.

Consistent with prior rounds, of children enrolled in formal schooling prior to COVID, fewer than half of primary and secondary school-aged girls (40%) and boys (35%) continued schooling at home. Of those, most accessed either physical learning kits or e-learning platforms, with slightly fewer via parent-led study.



Despite ongoing engagement with refugee school administrators, Parent-Teacher Associations, and communities over enrolment and e-learning, HH during Round 3 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 (55%) and a quarter feeling only somewhat able (18%). Top barriers to at-home learning remained consistent from Round 1:

Top barriers to at-home education

- No access to internet and/or electricity
- No access to a smart device
- 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 Rounds 1 and 2.



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

Of those surveyed in Round 3 who require care and support, nearly 40%—consistent with Round 2, and a roughly 10% increase from Round 1—reported not receiving care, while over half indicated continuing to receive care from medical providers (51%, up from 42% in Round 2) and a small percentage from friends and family (12%, down from 19% in Round 2).

In Round 3, financial constraints continued as the primary restraint for most respondents, while discontinuity of care services and pre-existing issues accessing care prior to COVID also persist, suggesting socio-economic concerns continue to pose the greatest impact to accessing services.

Top reasons for not receiving necessary care

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

Notably, self-isolation due to COVID was largely not cited in Round 3.

Additionally, an increasing percentage of HH report having access to medical PPE. Only 14% of HH reported lack of access, down from 18% in Round 2 and 21% for Round 1, 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. Given diverging COVID responses across governorates, service continuity differed, with adapted activities, provision of psychological first aid at camp primary healthcare centres, and awareness raising. One-to-one counselling was adapted to tele-counselling, with face-to-face for critical cases. Focus also continued on mental wellbeing techniques, prevention of stress & anxiety, and response to emerging needs in adapted modalities. Refugees in non-camp areas across Iraq remain dependent on very limited government services.

Given the majority of cases assessed were located in Erbil governorate in Round 3 collection, data is analysed to better reflect results.

Impact of COVID on mental health

Psychological states continued to vary across governorates, with levels of anxiety dropping countrywide from Round 1 to Round 3. In governorates with more widely available services and awareness activities, there was a correspondence between awareness of MHPSS services and lower levels of anxiety. For example:

- In Dohuk camps, which feature a more robust community-based MHPSS approach, 56% of HH reported growing awareness of services (up from 42% in Round 2), with only 16% reporting feeling anxious (down from 34% in Round 2).
- In Erbil urban areas, where services are limited, only 22% of HH were aware of services (up from 17% in Round 2), with 69% reporting feeling anxious (up from 63% in Round 2).

Countrywide, 19% of respondents reported their psychological state impeded their daily routine, generally consistent with Round 2 (16%) and a reduction from one-third in Round 1, suggesting ongoing general improvement in adaptation and coping mechanisms. Refugees predominantly reported coping by talking to friends or relatives, or alternatively keeping to themselves, walking around, and praying.

Of HH with children, 12% observed a change in their children's behaviour, compared to 15% in Round 2.

Awareness (psychological first aid) and access to services

As above, variations by governorate continue to indicate greater awareness of MHPSS services where those are available and community-based MHPSS activities are more robust. Of those aware of services:

29%	26%	19%
Respondent or family member sought/received MHPSS support	HH suggest additional MHPSS awareness raising	HH suggest additional counselling sessions
25% Round 2 13% Round 1	25% Round 2 14% Round 1	19% Round 2 11% Round 1

Most (79%) reported they or their HH do not require additional MHPSS services. Of those receiving support, over half continue receiving counselling or awareness raising sessions, predominantly face-to-face.

Intentions

Negative impacts of COVID have resulted in a marginal increase in return to CoO in 2020, compared to the previous year. Nevertheless, from Round 1 to 3, an increasing percentage of HHs continued to have no intention to return to their CoO in the next 12 months (90% Round 3, from 84% Round 1), with 8% undecided.

90%
HH have no intention
to return to CoO