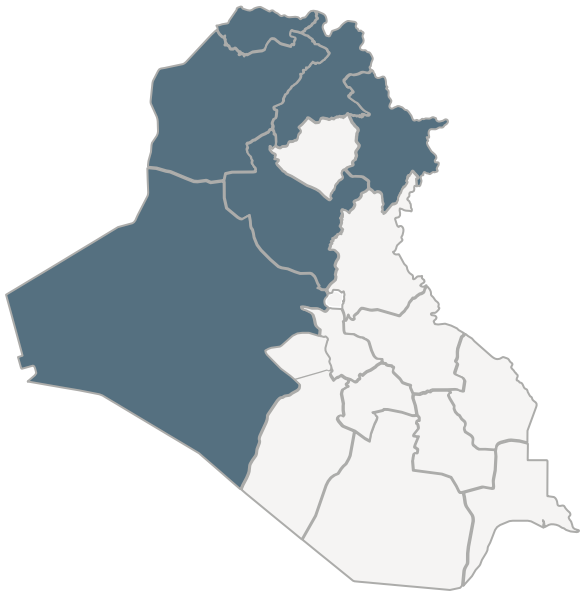
GROUND TRUTH SOLUTIONS

Round two: August 2020

Iraq: How the most vulnerable contend with COVID-19 – and restrictions to keep them safe



Soon after Iraq registered its first outbreak of COVID-19 in February of this year the government closed all borders and restricted movement in public areas, steps that initially proved effective in containing the virus.

A temporary lull in positive cases throughout April, along with increased testing, saw a gradual loosening of restrictions coinciding with Ramadan; two months later, however, infections had skyrocketed 600%. By late August, Iraq, a country of 40 million, had more than 230,000 positive cases, nearly 7,000 recorded deaths, and some 170,000 recovered.[1]

Predictably, the most vulnerable – internally displaced people (IDPs), returnees, or refugees – have borne the brunt of the pandemic. Loss of livelihoods, gaps in education and a rise in domestic and gender-based violence[2] are compounded by interruptions in humanitarian assistance, leaving many without essential services, supplies, and sufficient food.

To find out how the humanitarian situation in Iraq had evolved since curfews and restrictions were relaxed in April as well as what sort of information was getting through to those in need, Ground Truth Solutions (GTS) partnered with the Iraq Information Centre (IIC) in June to conduct a second round of phone interviews with 545 returnees, refugees, and IDPs across Anbar, Dahuk, Erbil, Ninewa, Salah al-Din, and Sulaymaniyah. The GTS team also reached out to 150 humanitarian staff working in those locations, most of whom are Iraqi nationals, to gauge how aid workers viewed the unfolding response.

We found that:

- Many humanitarian workers believe they will be unable to provide sufficient aid services down the road, to meet the basic needs of people affected by the virus and the economic impacts of the lockdown.
- Despite relatively high public awareness about health measures such as washing hands, practicing social distancing, and limiting contact with those exhibiting symptoms of the virus, a third of those interviewed still find it difficult to separate rumour from fact.
- Respondents find it hard to shelter in place and wear facemasks.
- Despite the scaling back of some humanitarian and government assistance programmes, most respondents trust that mitigation measures have been successful and respect the curfews and controls in most sub-districts.

In partnership with:

UNOPS

Supported by:

h——h
H2H Network
Humanitarian
Action Support

[1] WHO, "Iraq: WHO coronavirus disease (COVID-19) dashboard," https://covid19.who.int/region/emro/country/iq.

[2] UNHCR, "COVID-19 update XII" (12 July 2020), https://reliefweb.int/sites/reliefweb.int/files/resources/UNHCR%20Iraq%20-%20COVID-19%20Update%20XII.pdf.

Information

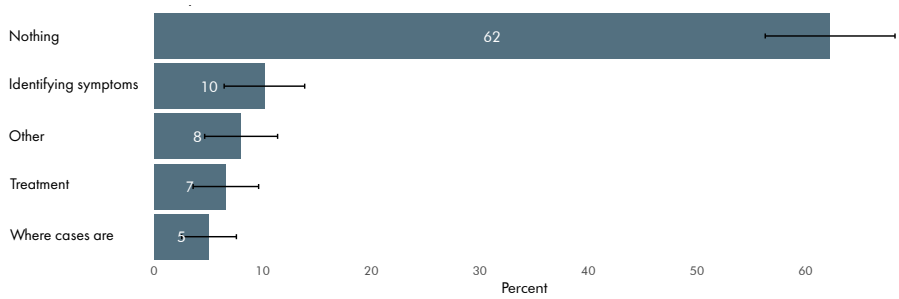
Communicating with communities and raising awareness are key elements of the COVID-19 response in Iraq. When asked whether people had sufficient information to understand how to protect themselves from COVID-19, most of those interviewed said they were well informed about the virus (85%) and preventive measures in their areas (77%), a slight improvement from the response we saw in May. Males tended to be more informed than females, while respondents in Sulaymaniyah were less informed than those in other governorates. Most people, in general, seemed to have access to adequate information, echoing findings from the National Protection Cluster (NPC)[3] and the International Organisation for Migration's Displacement Tracking Matrix (DTM).[4]

Do you have enough information on how to protect yourself from the virus? (n=525)

Have any measures to reduce the spread of the Coronavirus been introduced to your area? (n=545)

Of those who call for more information, half (50%) say they want to know about identifying symptoms, treatment options, and locations of current cases. Humanitarians say they are disseminating information on hygiene practices, social distancing, masks and gloves, so there may be scope to partner with authorities to ensure access to a broader range of information.

What do you need more information on in relation to the Coronavirus?* (n=545)



Humanitarian staff (75%) also said they believe that the messages being shared were appropriate and relevant. Most of those surveyed said guidance from the WHO, their respective employers, and local government agencies has prepared them but more information is needed, they added, on coordination, community behaviour, government guidance, and staff safety.

IDP (internally displaced person): refers to someone who was displaced from their location of origin and continues to reside in Iraq.

Refugee: refers to someone who fled their home and crossed an international border in order to seek protection in Iraq. All refugee respondents in this survey are Syrian nationals.

Returnee: refers to a person who was displaced between but has since returned to their location of origin within Iraq.

Note: in this report, error bars are included representing the margin of error at the 95% confidence level. A 95% confidence interval is a representation of the spread of the data around the mean. A smaller confidence interval indicates less variance around the mean. If repeated samples were drawn, 95% of those confidence intervals would include the true population proportion.

"It is difficult for us to believe that Corona is a real disease due to the large number of rumours." – Female IDP in Ninewa

[3] National Protection Cluster, "Protection monitoring in response to COVID-19 analysis dashboard" (20 July 2020), https://app.powerbi.com/view?r=eyJrIjoiOWVlZGY1NDktZTU2MC00OGMyLThkM-zAtNTUwNjNlOGI1Yzc0IiwidCI6ImU1YzM3OTgxLTY2NjQtNDEzNC04YTBjLTY1NDNkMmFmOD-

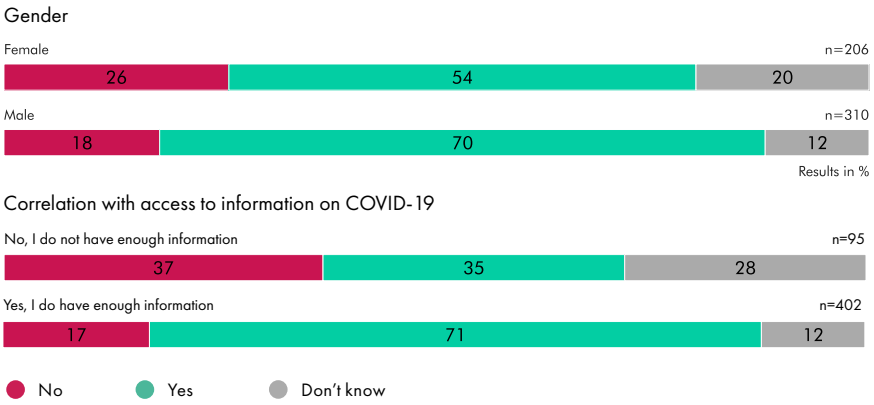
[4] IOM DTM, "COVID-19 impact survey round II" (July 2020), http://iraqdtm.iom.int/files/COVID-19/iom_dtm_COVID_19_Main_Findings_Jul_2020.pdf.

*Percentages do not total 100 because respondents could choose multiple options.

Information

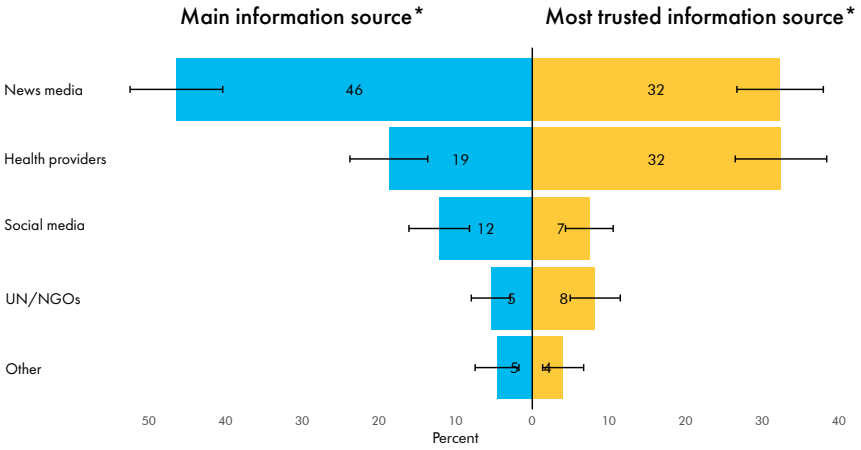
Such positive results about this high level of awareness among affected people must be tempered by the challenge for some in differentiating between fact and rumour. While those who feel adequately informed are more likely to find it easier to weed out false stories, one third of crisis-affected people in Iraq still find it difficult to distinguish between real and manufactured information. This appears to be an issue more common among women and people living in camps. "It is difficult for us to believe that Corona is a real disease," one female IDP in Ninewa governorate told us, "due to the large number of rumours."

Are you able to separate rumours from facts around the Coronavirus?* (n=516)



Sulaymaniyah, with the highest COVID-19 caseload among the governorates in our sample (and one of the highest in the country besides Baghdad and Basra),[5] stands out as the only governorate where perceptions worsened between our first and second rounds of interviews. Those unable to differentiate between fact and fiction increased dramatically – from 6% to 24%. It is also estimated that between 11-15% of IDPs in and out of camps in Sulaymaniyah have no access to a functioning health clinic or hospital.[6]

News media, health providers, and social media are the most trusted sources for information about COVID-19 preventative measures, in line with the results of an NPC assessment that found television, social media, and word of mouth to be preferred sources.[7] Humanitarian workers agreed that people trust health professionals and social media for the information they receive. That the news media is identified by crisis-affected people as the most used and trusted source of information, however, suggests it could be put to better use for community outreach, especially in remote areas of the country.



[5] UNHCR, "COVID-19 update XII" (12 July 2020).

[6] OCHA, "Iraq: COVID-19 addendum to the humanitarian response plan 2020" (July 2020), https://reliefweb.int/sites/reliefweb.int/files/resources/iraq_hrp_2020_covid-19_addendum_20200719.pdf.

[7] National Protection Cluster, "Protection monitoring in response to COVID-19 analysis dashboard" (20 July 2020).

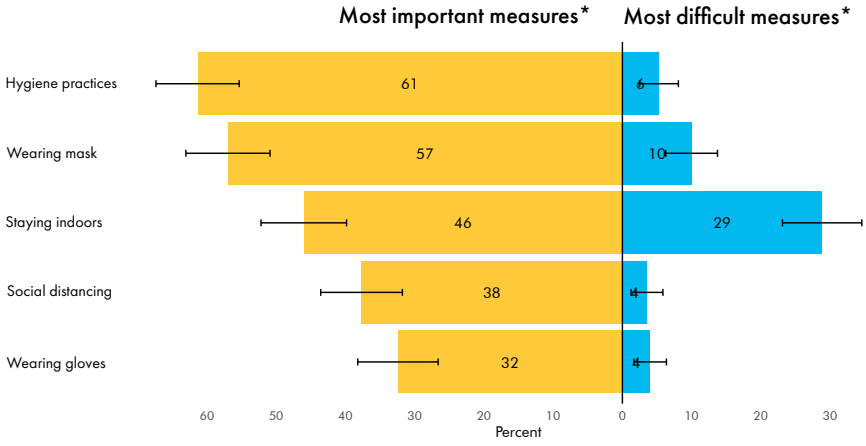
Are you able to separate rumours from facts around the Coronavirus?* (n=516)

*Percentages do not total 100 because respondents could choose multiple options.

Behaviour

Uncertainties about the delivery of aid have largely dissipated since May, when aid interruption was noted as the primary barrier to compliance with COVID-19 measures. A greater concern for both affected people and aid workers reflected in our most recent survey was the threat of losing livelihoods and income, a reminder to the humanitarian community and other actors that a broader response must take into account the backdrop of Iraq's stuttering economy.

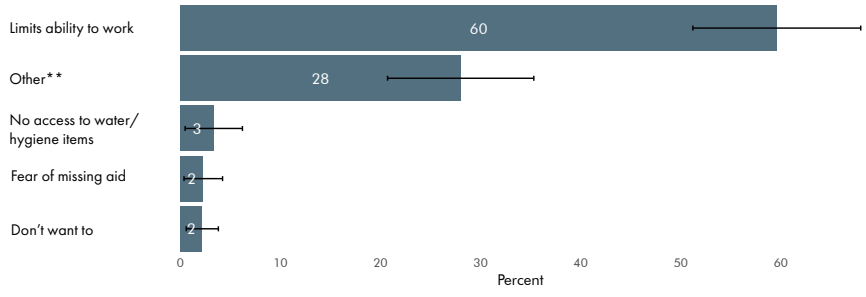
Compliance with restrictions appears to have improved over time. Despite the high prices of masks or discomfort of wearing them – an issue for some – more than half (57%) of those we spoke to said face masks is an important measure, compared to May (33%), suggesting that some post-lockdown messaging by health officials is getting through.



Others, like one returnee in Mosul, noted mask wearing was not universally practised. "I am the only one who wears a mask in our area and this makes it difficult," he said. Community members confirmed that it was hard to follow other measures considered vital to preventing the spread of the virus, especially sheltering in place, but also social distancing, and hygiene practices. "We want to stay at home," one returnee told us in Anbar, "but the government does not support us to do so."

Humanitarian staff largely felt that where and when measures were being ignored by affected people – primarily social distancing – it was due to misinformation, mistrust, as well as cultural and practical barriers. One aid worker from an international NGO told us: "Field staff often express concern that even with appropriate awareness-raising efforts, the population is not interested in following guidelines."

Why do you find these measures difficult?* (n=238)



The majority of the population in need can technically receive healthcare, but access is limited.[8] Public hospitals are not present in every sub-district and many private clinics are closed, according to DTM.[9] Where facilities exist, there may be shortages of personnel, prohibitive costs for treatment or supplies, and insufficient information.[10]

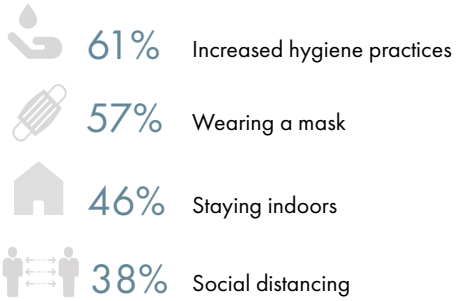
[8] National Protection Cluster, "Protection monitoring in response to COVID-19 analysis dashboard" (July 2020).

[9] IOM DTM, "COVID-19 impact survey dashboard" (June 2020), http://iraqdtm.iom.int/COVID19.

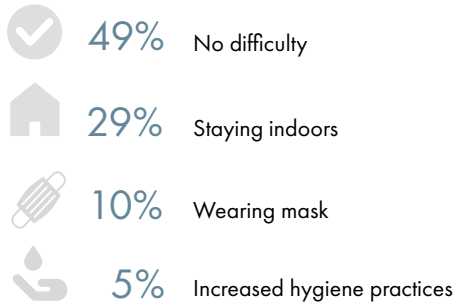
[10] National Protection Cluster, "Protection monitoring in response to COVID-19 analysis dashboard" (July 2020).

"Field staff often express concern that even with appropriate awareness-raising efforts, the population is not interested in following guidelines." – Humanitarian staff, INGO

What measures do you find most important to protect yourself from the virus?* (n=545)



What measures do you find most difficult to take to protect yourself from the virus?* (n=545)



"We want to stay at home, but the government does not support us to do so." – Male returnee in Anbar

**Among people who selected "other", difficulty wearing and/or high prices of face masks were identified as the primary challenge in complying with measures.

*Percentages do not total 100 because respondents could choose multiple options.

Humanitarian staff told us that adults with chronic health conditions and the elderly are at highest risk of developing severe or critical symptoms, in line with WHO's assessments.[11] Among the population in need, those in IDP camps are considered more vulnerable due to their living conditions.[12]

When asked if COVID-like symptoms would prompt a trip to a health clinic, slightly more than half of our survey respondents (53%) said they would; fewer still would call a health provider (27%), mirroring DTM's findings.[13]

Economic impact

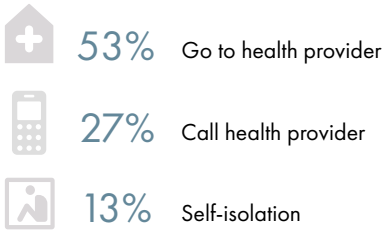
Government-imposed curfews and restrictions on movement are viewed as the biggest threats to livelihoods. With two thirds of sub-districts nationwide affected by major job losses,[14] the majority of humanitarian staff surveyed said that populations with whom they work are more concerned about their economic situation than their health.

Indeed, when asked if their ability to meet their most basic needs had changed, refugees (92%) and IDPs outside of camps (90%) responded more negatively than other population groups as did those in Erbil and Anbar compared to other locations. Most of those interviewed (86%) said they were less able to meet their basic needs (up from 74% in the previous round). Lockdowns have disrupted access to shops and markets and according to the Cash Consortium for Iraq (CCI), a quarter of local shops were forced to close at the height of restrictive measures in March and early April.[15]

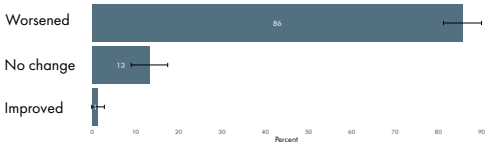
The cost of key household staples such as lentils, oil, sugar, wheat flour, and detergent have increased during the pandemic,[16] the CCI reports, stretching family resources and leaving many to rely on different coping mechanisms. Community members are changing their food consumption habits, borrowing money, and tapping into their savings.[17] Communities are also turning to one another for support, sharing resources, lending funds, and keeping each other informed. "We are facing economic issues which have significantly affected our psychological well-being," a female IDP from Dahuk governorate told us in the most recent survey.

Economic relief may be far on the horizon, given that the current response does not yet seek to address new socio-economic vulnerabilities arising from COVID-19, instead focusing on the most vulnerable groups within the target population.[18] Some 8,000 people – including casual labourers, youth, women, and the elderly – will be assisted through cash-for-work projects. Another 30,000 households directly impacted by COVID-19 will be supported with multi-purpose cash.

If/when you experience Coronavirus symptoms, what do you think you would do? (n=545)



How has your ability to meet your basic needs changed since the virus started spreading in the world? (n=545)



"We are facing economic issues which have significantly affected our psychological well-being." – Female IDP in Dahuk

[11] Iraq Health Cluster, "Key messages on COVID-19 post-curfew and post-lockdown prevention and contatinment measures for humanitarian workers and communities" (5 July 2020), https://reliefweb.int/sites/reliefweb.int/files/resources/final_key_messages_covid-19_post-lockdown_preventive_measures_by_aid_workers_and_communities.pdf.

[12] OCHA, "Iraq: COVID-19 addendum to the humanitarian response plan 2020" (July 2020).

[13] Key informants in 56% of subdistricts in DTM's assessment say they would go to a public health facility, and 38% would call the government hotline: IOM DTM, "COVID-19 impact survey dashboard" (June 2020).

[14] Ibid.

[15] CCI, "Brief: COVID-19 impacts on prices and markets," https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/cci_covid-19_impacts_on_prices_and_markets_in_iraq_-_final.pdf.

[16] Ibid.

[17] National Protection Cluster, "Protection monitoring in response to COVID-19 analysis dashboard" (July 2020).

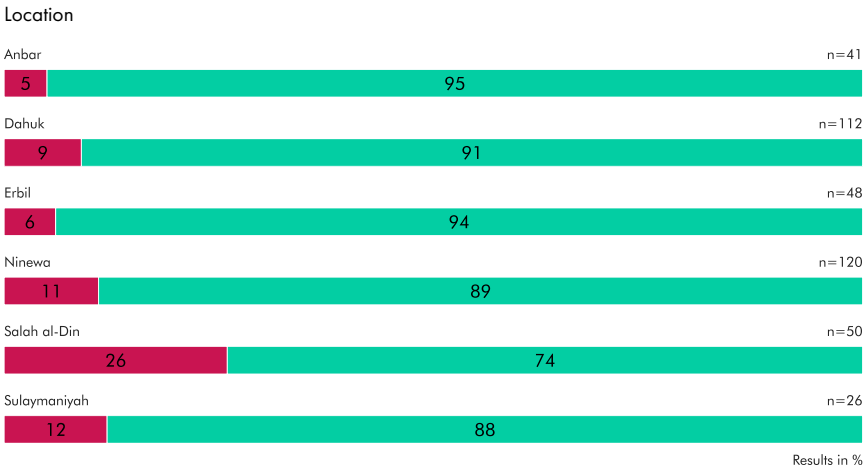
[18] OCHA, "Iraq: COVID-19 addendum to the humanitarian response plan 2020" (July 2020).

Trust

Asked if measures to quell the spread of the virus have been effective, a majority of community respondents (89%) answered affirmatively, on par with the first round. People in Salah al-Din – the least aware of general prevention guidance for COVID-19 in the survey – were also the most pessimistic about the effectiveness of government-imposed health measures. People appear to respect curfews and controls in most sub-districts,[19] according to IOM, though the threat of verbal warnings and/or fines for breaching regulations may factor heavily.[20]

Maintaining trust in public health measures is seen as critical. Humanitarian cash assistance, food, basic supplies, and education all have taken significant hits since the onset of the pandemic,[21] as have Iraqi government programmes.

Overall, does your community believe the measures introduced in your area will reduce the spread of the virus? (n=397)



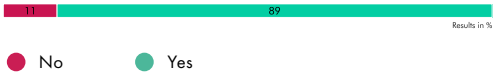
Aside from financial instability, the situation has increased stress and anxiety among affected people, curtailed access to healthcare and other essential services, and exacerbated tensions within families and communities. More than half (53%) of staff surveyed reported an increase in gender-based violence (GBV). While curfews and restrictions on movement were effective in halting the spread of the virus, they have created new barriers to accessing other services.[22]

Humanitarians are evenly divided on whether progress is being made against the spread of COVID-19 in Iraq, perhaps due to their uphill battle to deliver assistance. Forty percent of the aid workers surveyed said they have had to halt all regular programming. Still, a majority (86%) of those interviewed said the measures taken by their employer were the right ones. Should circumstances remain as they are, few (24%) predict they will be able to continue humanitarian services indefinitely.

More than half (55%) of the humanitarian workers surveyed believed they were personally at risk of infection in their jobs. Health workers account for 6% of all COVID-19 cases in Iraq.[23] This is likely due to weak prevention and control protocols within the health system. In response, humanitarian health partners are supporting the government in upgrading health facilities, conducting awareness activities, and procuring test kits and personal protective equipment.[24]

Humanitarian workers were also asked whether the pandemic had led to increased stigma toward responders, as is often the case in communities experiencing epidemics. Most of those interviewed were not aware or had not witnessed an increase in verbal or physical violence in Iraq while dealing with the effects of the virus. In fact, many aid workers (44%) suggested that community perceptions of health providers had shifted during the COVID-19 crisis, and in a positive way.

Overall, does your community believe the measures introduced in your area will reduce the spread of the virus? (n=397)



[19] IOM DTM, "COVID-19 impact survey dashboard" (June 2020).

[20] National Protection Cluster, "Protection monitoring in response to COVID-19 analysis dashboard" (July 2020).

[21] Ibid.

[22] Global Health Cluster, "Responding to uptick in GBV in the context of the COVID-19 pandemic," https://www.who.int/health-cluster/news-and-events/news/Iraq-GBV-in-COVID-19-context/en/.

[23] OCHA, "Iraq: COVID-19 addendum to the humanitarian response plan 2020" (July 2020).

[24] Ibid.

Methodology

Sampling

We designed the sampling strategy using the most recent figures (9 April 2020) from the IOM Displacement Tracking Matrix (DTM) returnee and IDP master lists, as well as UNHCR refugee statistics, which provide the following population figures for Iraq: 1,399,170 IDPs, 4,660,404 returnees, and 247,440 Syrian refugees.

People in Need (PIN), as defined in the 2020 Humanitarian Response Plan (HRP), were divided into four strata across the six governorates: returnees, refugees, IDPs living in camps, and IDPs outside of camps. Not all the strata were sampled in all five governorates. Strata amounting to 1% or less of the total PIN figures were not included.

The sample frame consisted only of people who recently contacted the IIC and is therefore not representative of the Iraqi population in need in the selected governorates. Budget constraints did not allow for the random approaches commonly used in phone surveys, such as random digit dialling. Nonetheless, the sample includes different population types across each location. To generate a more reliable sample, we used oversampling in regions and among population types with small numbers of people in the relevant population.

Survey questions

GTS designed the survey questions in consultation with the WHO Global Risk Matrix[25] and the Global Humanitarian COVID-19 response plan.[26] We identified four metrics to guide our questions: information, trust, behaviour, and economic impact. We reviewed other actors' COVID-19-focused tools and surveys in order to avoid duplicating their efforts and to ensure that our data is useful and actionable. The IIC reviewed the questions and translations to ensure the survey is appropriate to country-specific realities.

Participants

All participants were IDPs, returnees, or refugees over the age of 18. Of the total number of respondents, 40% were female and 60% were male. Respondents were selected from the IIC database of recent callers and chosen at random by IIC Information Management (IM) within the parameters set by the sample, aiming for a 50:50 gender split. Operators were instructed to obtain consent twice – first to enable IIC to use the stored contact information, and a second time for participation in the GTS survey. In total, 40 individuals did not give their consent to be surveyed, and no interviews were conducted with them.

Weighting

The overall mean values presented in this report were estimated based on strata means which were weighted based on demographic information outlined in the 2020 HRP. For the multiple choice questions, the maximum margin of error lies at (+/-) 8.3 percentage points, and between (+/-) 4.09 and 5.58 for the binary questions. Margins of error for breakdowns by status, location, and gender are larger than for the overall weighted means. Data points that did not contain the respondent's governorate or status (IDP, refugee, etc.) were not considered for the weighted analysis.

Table 1: Sampling strategy, June 2020 with actual numbers*

Governorate	IDPs in camp	IDPs out of camp	Returnees	Refugees	Total
Anbar			55		55
Dahuk	77	35		35/+5	147/+5
Erbil		47/+2		30	77/+2
Ninewa	59/+1	45	68/+3		172/+4
Salah al-Din		30	34/+4		64/+4
Sulaymaniyah		30			30
Total	136/+1	187/+2	157/+7	65/+5	545/+15

[25] WHO, "Survey tool and Guidance: rapid, simple, behavioural insights on COVID-19," Table 1: Questionnaire – validation and value of variable and items included (2020), http://www.euro.who.int/__data/assets/pdf_file/0007/436705/COVID-19-survey-tool-and-guidance.pdf?ua=1.

[26] OCHA, "Global Humanitarian Response Plan COVID-19" (April–December 2020), https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf.

This report presents highlights from Ground Truth Solutions' (GTS) telephone surveys with 323 IDPs, 65 refugees, and 157 returnees across six governorates in Iraq in June 2020, as well as findings from surveys with staff working within the Iraq humanitarian response.

Our quantitative citizen survey is conducted in partnership with the Iraq Information Centre (IIC). GTS will collect surveys of approximately 530 respondents per round for an initial duration of six months and will target IDPs, refugees, and returnees across the six governorates with the highest numbers of People in Need (PIN): Anbar, Dahuk, Erbil Ninewa, Salah al-Din, and Sulaymaniyah.

GTS will be further unpacking some of these findings through community consultations in partnership with CCI. We are sharing the findings from this report with humanitarian actors to inform the ongoing response, aiming to ensure that the perspectives of affected people are included in programming and adjustments.

Perception data

Ground Truth Solutions gathers feedback from affected people, using their views, opinions, and perceptions to assess humanitarian responses. Gathering perception data from affected populations should be viewed as complementary to other monitoring and performance data. Collecting feedback is a vital first step in closing the accountability gap, empowering affected populations to be part of the decisions that govern their lives, building relationships with communities, and understanding local knowledge. Whenever possible, the process of collecting such feedback should be followed up with longer-term dialogue between affected communities and aid agencies. Communicating the results of the surveys back to affected people and triangulating perception data with other information sources is central to our approach in Iraq.

*+/- represents number of surveys above or below original target sample.

Language of the survey

Surveys were conducted in Arabic.

Data collection

Dates

Data collection took place between 7 and 14 June 2020.

Data collection partner

The Iraq Information Centre (IIC) is the main accountability mechanism for the humanitarian response in Iraq, implemented by UNOPS on behalf of the Humanitarian Country Team (HCT). A team of 22 operators collected the data, with two IIC supervisors managing the process.

Challenges and limitations

Response rates: Low response rates during this round were attributed to issues with network connectivity and deactivated and/or disconnected phones.

Gender balance: Women in the affected population commonly suppose that the male head of household's contact information must be provided in order to qualify for assistance. This presented challenges in targeting female respondents when sourcing information from the IIC database. Additionally, a male member of the household often answered the phone. To mitigate some of these challenges, only female operators were instructed to engage with female respondents. Where appropriate, female operators asked to speak to a female member of the household if the call was taken by someone else.

Humanitarian staff survey

Staff surveys were conducted between 24 June and 17 July and administered on KoBo. Respondents were chosen based on a convenience sample, and as such, findings are not representative of the humanitarian community in Iraq. Of 150 responses, 52% are male and 47% are female and 62% are of Iraqi nationality.

Recommended citation

Ground Truth Solutions, "Iraq: How the most vulnerable contend with COVID-19," August 2020

For more information about our work in Iraq, please contact Cholpon Ramizova (cholpon@groundtruthsolutions.org) or Meg Sattler (meg@groundtruthsolutions.org).