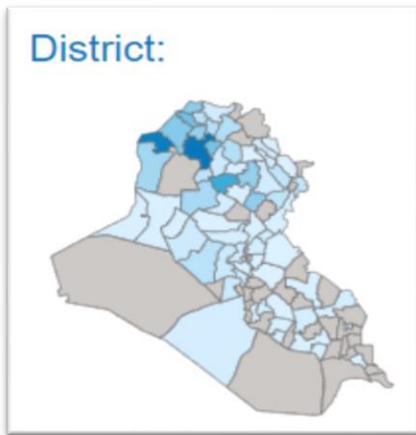




Protection Monitoring at Community Level in Response to the COVID-19 Outbreak in Iraq

Summary of key findings - May 2020

Due to COVID-19 movement restrictions, the National Protection Cluster (NPC) launched a remote protection monitoring (PM) exercise through **Key Informant (KIs) interviews** to **measure the protection impact of the COVID-19 outbreak on affected communities** in Iraq. The first round of data collection took place between **26 April and 10 May 2020** with **11 protection monitoring organizations** interviewing **1481 KIs** in **129 sub-districts**. Interviews were conducted in IDP camps, informal sites and out-of-camp/return areas.¹



1. Impact on communities of Covid-19 measures and regulations

- **In camps, 77% of KIs reported a ban on entry into/exit out of camps, but with exceptions permitted for health or protection reasons, whereas 16% reported a ban on entry into/exit without exceptions.** In out-of-camp locations, 94% of KIs reported a ban on movement between governorates, 72% a ban on movement between districts and 53% a ban on movement within districts. In principle, these restrictions do not necessarily constitute a violation of the right to freedom of movement as, in the COVID-19 context, they may have represented necessary and proportionate public health measures.

- **Issues related to forced relocation within or between camps, as well as forced evictions from camps, informal sites or rented accommodation were not reported at a significant level** across all location types.

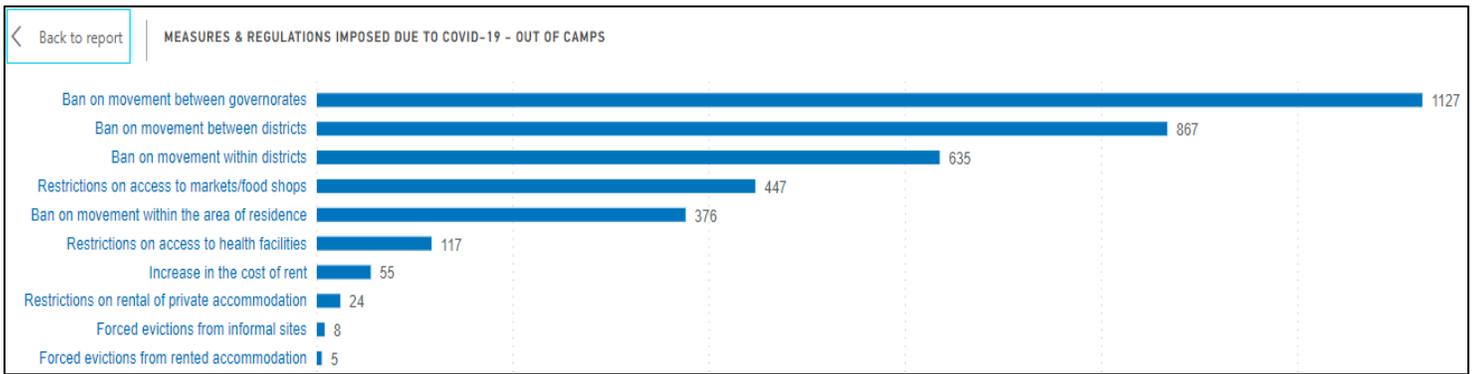
- **37% of KIs cited arrest and detention as a possible consequence for breaching government measures and regulations**, third after verbal warnings (64%) and fines

(44%). The main actors reportedly responsible for enforcing measures and regulations included the police (84%), the military (42%), health authorities (40%) and other security actors (39%). While it cannot be ascertained whether the high-level of reporting for arrest and detention illustrates only a perceived risk or actual protection incidents, it indicates the communities' concern about a security-based approach to the enforcement of government measures and regulations.

- **25% of KIs in camps reported that government measures and regulations applied either only or more strictly to IDPs, compared to 5% of KIs in out-of-camp locations.** While it cannot be ascertained whether the high-level of reporting for IDP camps illustrates perceived or actual differences in the enforcement of measures and regulations, it indicates the camp populations' concern about stricter and possibly discriminatory policies and practices.

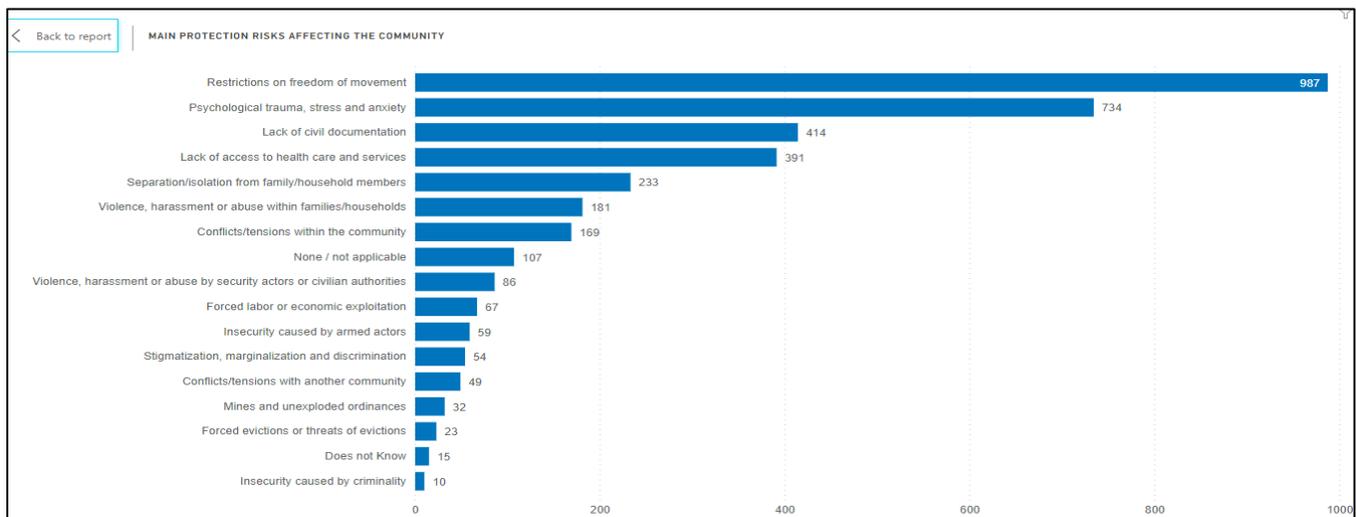
- **26% KIs reported that specific social groups were more heavily impacted by the measures and regulations. Among the 26%, 64% of KIs cited daily laborers as being the most impacted group, far above any other social, ethnic or cultural groups.** This finding illustrates the major socioeconomic impact of the COVID-19 crisis on communities.

¹ The geographical location of KIs depended on the presence of participating organizations; accordingly, the geographical distribution of KIs is uneven, with, eg., 682 KIs in Ninewa governorate (46%) compared to 137 KIs in Salah Al-Din governorate (9%) and 24 KIs in Diyala governorate (2%). The profile of KIs is also relatively uneven - 85% of men compared to 15% of women - and with 40% being community leaders. The repartition of KIs by location type is more balanced with 74% being in out-of-camps/return areas, 19% in IDP camps and 7% in informal sites. Ultimately, the overrepresentation of Ninewa compared to other governorates and the predominance of male KIs are elements that need to be taken into account in the representativeness of the findings.



2. Protection issues during COVID-19 outbreak

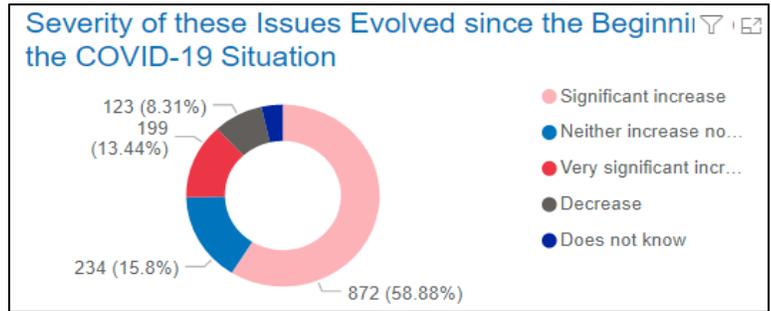
- **72% of KIs reported that protection issues affecting communities have significantly or very significantly increased since the beginning of the COVID-19 crisis.** Similar percentages have been reported with regards to specific population groups, such as women and girls, children, persons with disabilities. This demonstrates the protection impact of the COVID-19 crisis and illustrates the need to keep protection at the centre of the broader COVID-19 response.
- **Trauma, stress and anxiety has been reported as the first or second most critical issue for all population groups.** It was cited by 49% of KIs for communities in general, compared to 62% for women and girls, 52% for children, 52% for persons with disabilities and 59% for older persons. This highlights how the COVID-19 outbreak and associated lockdown measures have adversely affected the mental health and psychosocial well-being of communities. As such, addressing MHPSS issues should continue to be a priority.
- **Lack of civil documentation remains the third highest ranked protection issue affecting communities (28%).** This demonstrates that pre-existing protection issues remain of critical importance for the communities even in the context of the COVID-19 outbreak and should remain an area of focus.



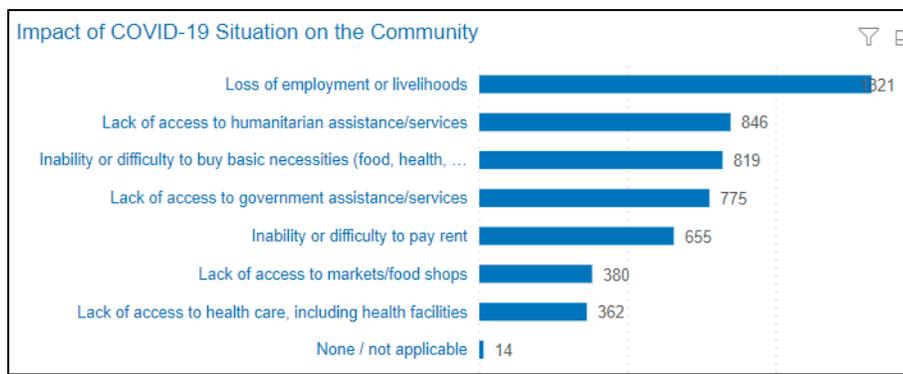
- **For women and girls,** the most commonly reported issues include **stress, fear and anxiety (62%)**; lack of specialized services (44%) - with the lack of Sexual and Reproductive Health services specifically reported at 16%; **lack of safe space and privacy (33%)**; lack of information (29%), as well as **violence and abuse within the household (26%)**. The very high-level of reporting for lack of privacy and domestic violence – especially given the predominantly male profile of KIs – is a clear indication of the prevalence of GBV issues in the context of the COVID-19 situation.
- **For children,** the most commonly reported issues include **lack of access to education (83%)**; **stress, fear and anxiety (51%)**; **child labor (26%)** and **violence, abuse or neglect within the household (24%)**. The very high level of reporting for some critical child protection issues directly affecting the physical safety and psychological well-being of children illustrate the gravity of child protection concerns in the context of the COVID-19 situation.
- **Older persons and persons with disabilities reportedly face the same concerns,** including trauma, stress and anxiety (reported by 58% and 51% of KIs respectively); lack of access to health care (56% and 49%), as well as lack of access to services (45% and 46%).

3. Basic needs and access to services

- The main impact of the COVID-19 situation on communities is the loss of employment and/or livelihoods (89%) followed by a lack of access to humanitarian services (58%), the inability or difficulty in purchasing basic necessities (55%), lack of access to government services (52%), as well as the inability and/or difficulty to pay rent (44%). This illustrates the major socioeconomic impact of the crisis upon displacement-affected communities, which can be expected to heighten vulnerabilities over a significant period.



- The most commonly reported coping mechanisms relates to the management of financial resources, including reducing or changing food consumption patterns (75%); spending savings (70%); reducing the purchase of non-food items (68%) and going into debt (61%). Coping mechanisms directly linked to protection issues were less frequently reported, but notably included making children work to generate an income (12%), working despite government restrictions (10%) and begging (7%).

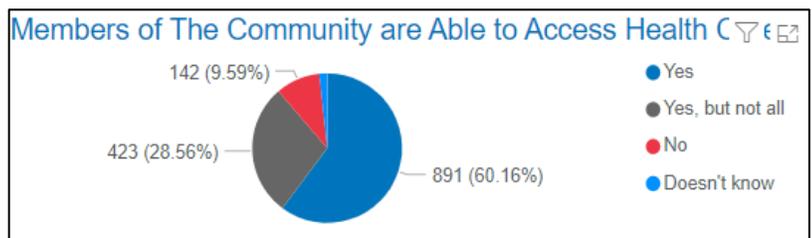


- 38% of KIs reported that none or not all their community members have access to health care. This large proportion of people who are reportedly not able to access health is similar for in camps and out-of-camp locations. The limited access to health care, which may be the result of government restrictions on movements, is of particular concern in the midst of an outbreak and requires

further assessment from health actors.

- The most commonly reported barriers to access health care relate to financial and practical issues, such as a lack of medical facilities and personnel (23%); the cost of health care (21%); the distance from and transportation to health facilities (18%) and a lack of information (17%). Sociocultural barriers are also a secondary factor, including the lack of female staff (12%); a fear of mandatory quarantine (9%) and a distrust of public institutions (5%). The lack of civil documentation and lack of security clearance were not significantly reported as a barrier (below 5%).

- 60% of KIs reported no issues of access to assistance or services being denied as a result of possible COVID-19 discrimination (eg. for people who contracted the disease or believed/feared to have contracted the disease, etc.). However, issues of denial of access as a result of possible COVID-19 measures were reported in relation to public institutions (22%); humanitarian assistance and services (15%); markets and shops (13%) and health facilities (10%). While it cannot be ascertained whether these percentages reflect actual discriminatory practices, the issues of discrimination and denial of access to assistance need to be carefully monitored.



- 90% of KIs report that all or most people have access to sufficient and accurate information about COVID-19. The most commonly cited sources of information include public and social media and communication from authorities. Humanitarian actors are a secondary but significant source of information thanks to SMS dissemination (47%) and information campaigns in general (44%).