

Background & Methodology

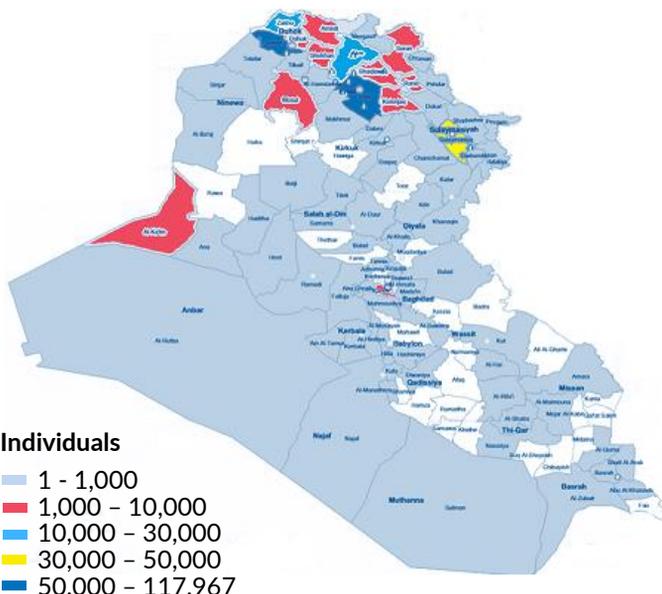
While Iraq continues to steadily recover from years of conflict, thousands of vulnerable families across the country remain displaced and in acute need of protection and assistance. As of 31 November 2020, 241,682 Syrian refugees (61% urban, 39% camp) and 40,875 refugees of other nationalities resided across Iraq, with over 99% of Syrian refugees located in the Kurdistan Region (KR-I).

With 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 affected protection concerns over time and the continued impact on access to rights, services, and coping mechanisms during the year.

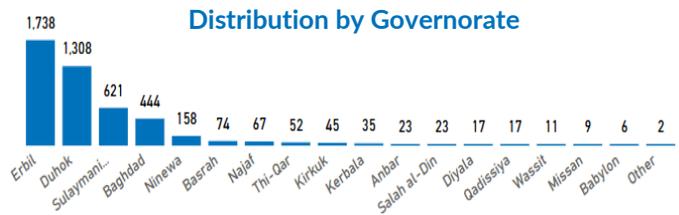
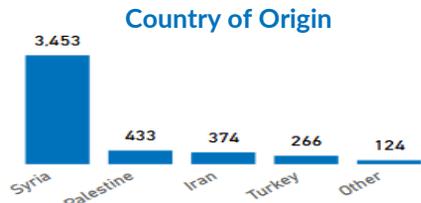
Random sampling was applied along three levels of stratification: (1) governorate, (2) country of origin, and (3) camp/out-of-camp (for Syrian refugees). Results are generalizable to a 95% confidence level and 10% margin of error, with 4,650 HH surveyed across three rounds from August-December 2020.

Where relevant: Round 1 (August-Sept) data presented in blue. Round 2 (October) in red. Round 3 (November-December) in grey. Cumulative data in purple.

Refugee Population in Iraq

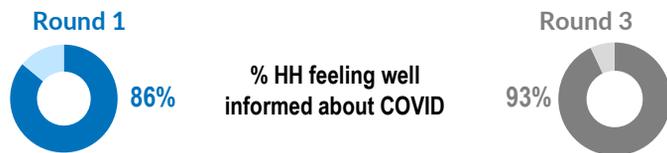


Demographics of those surveyed



Communication with Communities

Refugees reported feeling well informed about COVID-19, sourcing information largely from TV and radio, Facebook and close acquaintances. There was high trust in government, with friends/family seen as more trustworthy than aid agencies, though the latter grew over time. Reported increases in fraud schemes may have encouraged trust in particular sources.



Top sources of information

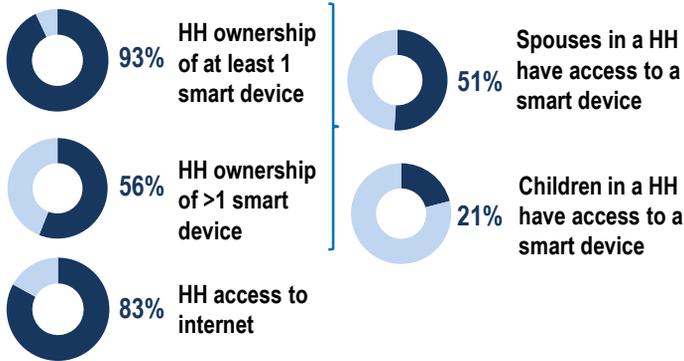
	R1	R2	R3
Media (TV/radio)	82%	84%	83%
Facebook	42%	41%	53%
Friends & family	45%	46%	38%

Most trusted sources of information

Government	62%	73%	74%
Friends & family	34%	43%	40%
UN agencies/NGOs	17%	22%	24%

Access to Information

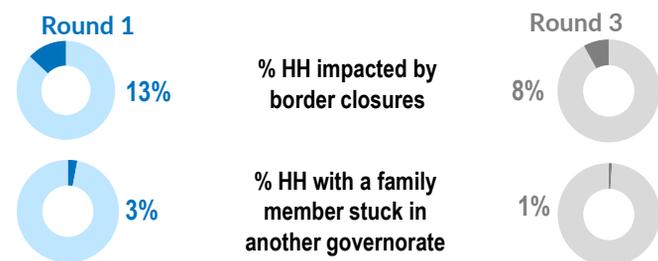
While most HH reported owning at least one smart device, access within a HH is more limited, with implications on children's access to e-learning platforms and needs related to a spouse, elderly parent, etc. Cumulatively:



Discrimination & COVID restrictions

From March-September, curfews were instituted within and between governorates and both inter-governorate and international borders were closed. From late-September, air and inter-governorate travel opened, alongside intermittent border crossings into Syria from Dohuk.

Border closures and movement restrictions



Of these: **Challenges to reunify**

- 1 Specific restrictions on PoC
- 2 Imposition of curfews
- 3 Lack of funds

Evictions

% HH evicted during the reporting period



Coping Mechanisms

Pre-COVID, income vulnerability was already high, with related pressures of debt and rent (*Multi-Sector Needs Assessment IV, May 2019*). Access to food and resources were concerns prior to lockdown, and responses indicate a negative impact of COVID on financial and food security, access to services, and wellbeing despite an eventual lifting of restrictions.

Top HH adjustments to COVID

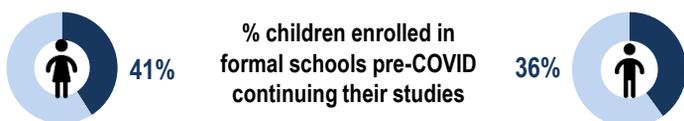
	R1	R2	R3
Reduced food consumption	63%	62%	62%
Further debt	53%	57%	60%
Limiting movement	52%	58%	56%

Top 5 Financial sources (past 30 days)

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

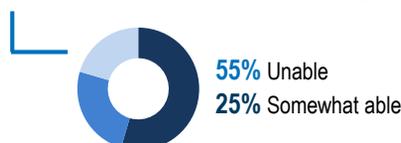
Education

Even pre-COVID, low enrolment of nearly 69,000 school-age Syrian refugee children into a KR-I parallel education system was a concern (*3RP, 2019-2020*), and refugee children of other nationalities faced similar barriers. From February, in-person schooling closed, resulting in rollout of e-learning by KRG and Federal Ministries of Education, self-learning material, & education TV. The fall school year began largely remotely.



Top barriers to at home learning

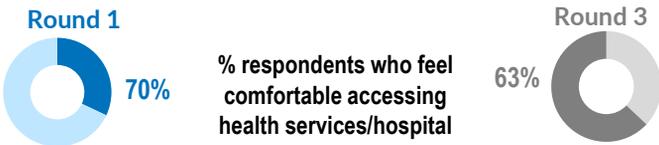
- 1 No access to internet and/or electricity
- 2 No access to a smart device
- 3 Children struggle to focus in an out-of-school setting
- 4 Insufficient smart devices for all school-age children
- 5 Parents unable to support learning



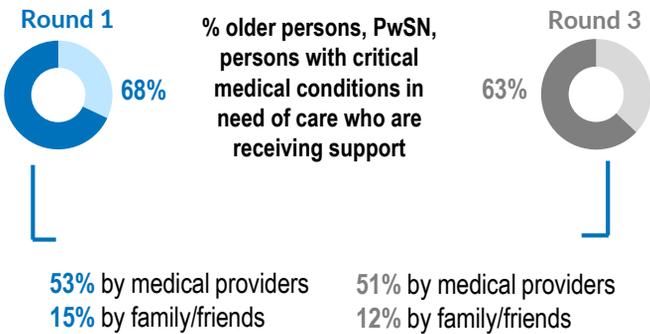
Health

Across Iraq, public health facilities are available to refugees and asylum-seekers free of charge, including for many emergency services. Despite a reduction in COVID-related restrictions, financial constraints and access issues pre- and post-COVID continue to impact access to healthcare. Cumulatively, there was largely no change on comfort accessing care across the three Rounds.

Comfort accessing care



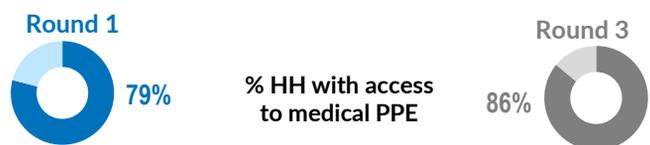
Impacts on older persons, PwSN, persons with critical medical conditions



Top reasons for not accessing care

	R1	R2	R3
Financial constraints	21%	49%	68%
Care services discontinued	24%	9%	18%
Access issues prior to COVID	12%	20%	7%

Access to Medical PPE

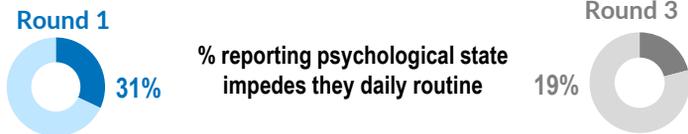


Mental Health & Psychosocial Support

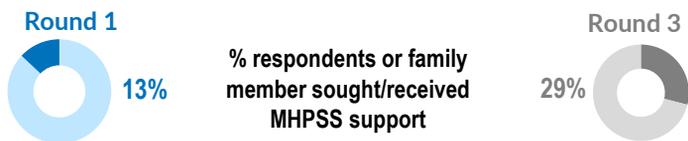
MHPSS services are available in 9 of 10 refugee camps in KR-I. Given diverging COVID responses across governorates, service continuity differed, with adapted activities, provision of psychological first aid at camp primary healthcare centres, and awareness raising. One-to-one counselling was adapted 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. Very limited services are available in urban areas.

*MHPSS questions were adjusted during Round 1 collection. Reflected data has been adjusted and analyzed accordingly.

Psychological State



Awareness and access to services



Additional service needs

	R1	R3
MHPSS awareness raising	14%	24%
Counseling sessions	11%	18%
Individual case management	6%	13%

Correlation of service availability & awareness to anxiety levels

Psychological states vary across governorates, with anxiety dropping countrywide over time, and an identified correlation between availability and awareness of MHPSS services and lower levels of anxiety.

Intentions

From Round 1 to Round 3, an increasing percentage of HHs had no intent to return to CoO in the next 12 months:

