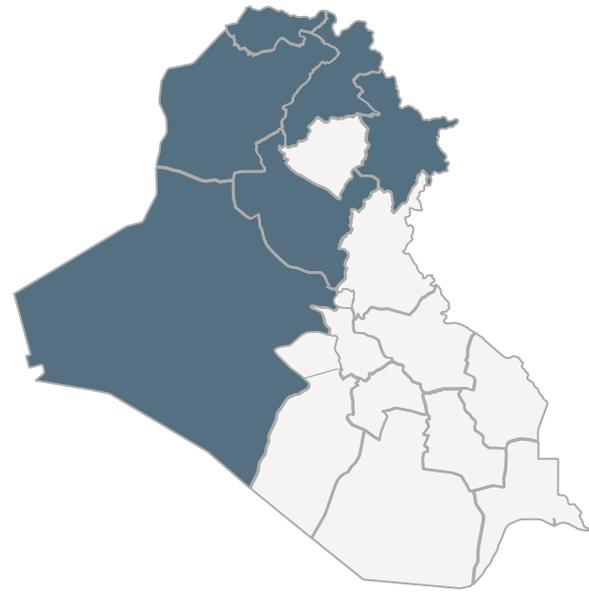


Round three: January 2021

# Nearing a year of restrictions, Iraq's vulnerable are running out of options - and trust



Almost a year after the first case of COVID-19 was detected in Iraq, the country finds itself struggling to maintain a balance between enforcing necessary restrictions and reviving the economy. Nationwide lockdown measures were extended in late October to curb the spread of the virus – and while infection rates have decreased, people across the country are struggling to make ends meet. By 14 January 2021, there were 605,416 confirmed cases of COVID-19 in Iraq and 12,915 deaths.<sup>1</sup>

To find out how restrictions were affecting access to services and how people felt about the response, Ground Truth Solutions (GTS) partnered with the Iraq Information Centre (IIC) to conduct a third round of interviews with 545 returnees, refugees, and IDPs across Anbar, Dahuk, Erbil, Ninewa, Salah al-Din, and Sulaymaniyah in October and November 2020.

We found that:

- People are very concerned about meeting their needs, accessing healthcare, and sending their children to school.
- One-third of respondents who consulted a health professional during the pandemic were dissatisfied with the care they received.
- Most people (80%) feel there are no silver linings to COVID-19. They are preoccupied with financial instability and deteriorating mental and physical health.
- Over two-thirds of respondents (69%) are satisfied with the response to the pandemic, but less than half (44%) believe the authorities are equipped to handle future challenges.

In partnership with:



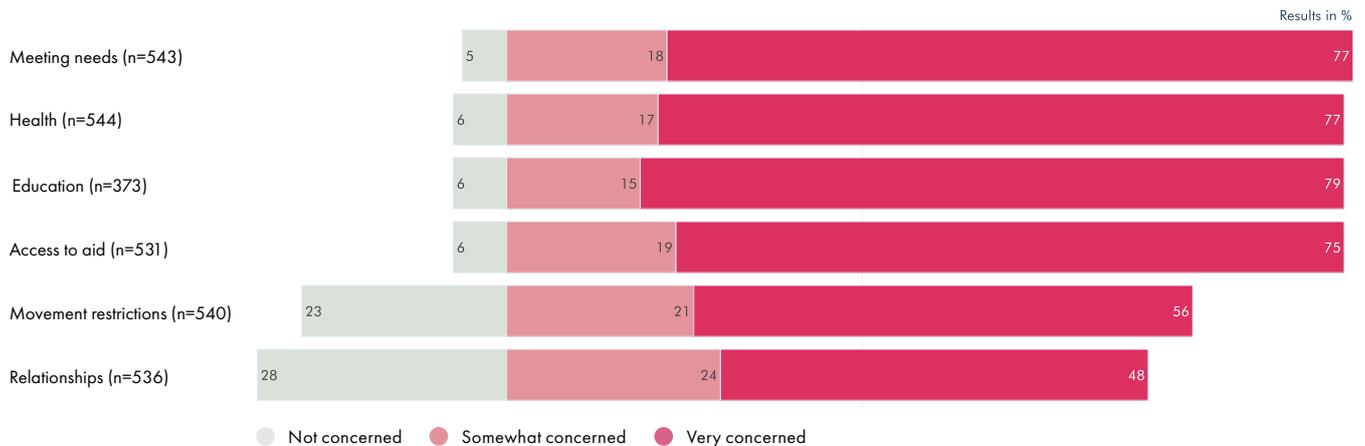
Supported by:



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

## Months of containment measures take their toll

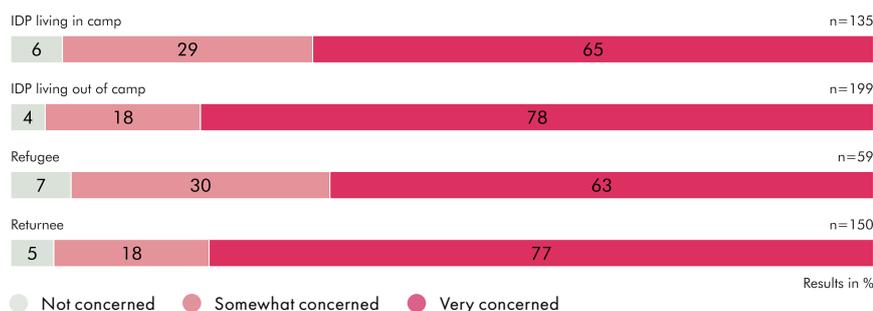
People say they are very concerned about education, meeting their daily needs, and their health, but they are less preoccupied with navigating movement restrictions and social relationships.



Female respondents are more worried than their male counterparts about almost everything, likely spurred by the disproportionate burdens they have faced during the pandemic. Response actors have observed a sharp rise in incidents of gender-based violence (GBV), and particularly domestic violence, during COVID-19.<sup>2</sup> Significant numbers of vulnerable women and girls have been left without recourse due to a reduction of gender-specific services, including support for GBV survivors.<sup>3</sup> Due to social norms, women in Iraq shoulder most of the burden of household chores, food preparation, and caretaking for children and sick family members – responsibilities that have likely increased during the pandemic.<sup>4</sup>

Results also varied by status: out-of-camp IDPs and returnees are more concerned about education, meeting needs, access to aid, and community relationships than in-camp IDPs and refugees.

### Concern about meeting needs, by status (n=543)



<sup>2</sup> GBV Sub-Cluster Iraq, “The GBV Sub-Cluster Rapid Assessment on the Impact of COVID-19 Outbreak on Gender-Based Violence in Iraq” (April-May 2020), <https://gbvguidelines.org/wp-content/uploads/2020/08/The-GBV-Sub-Cluster-Rapid-Assessment-on-the-Impact-of-COVID-19-Outbreak-on-Gender-based-Violence-in-Iraq.pdf>.

<sup>3</sup> 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](https://reliefweb.int/sites/reliefweb.int/files/resources/iraq_hrp_2020_covid-19_addendum_20200719.pdf).

<sup>4</sup> Oxfam, “Gender Analysis of the COVID-19 Pandemic in Iraq” (June 2020), <https://oxfamilibrary.openrepository.com/bitstream/handle/10546/621007/rr-gender-analysis-covid-19-iraq-220620-en.pdf;jsessionid=0A8476C513BB031758E5B198D7245060?sequence=4>.

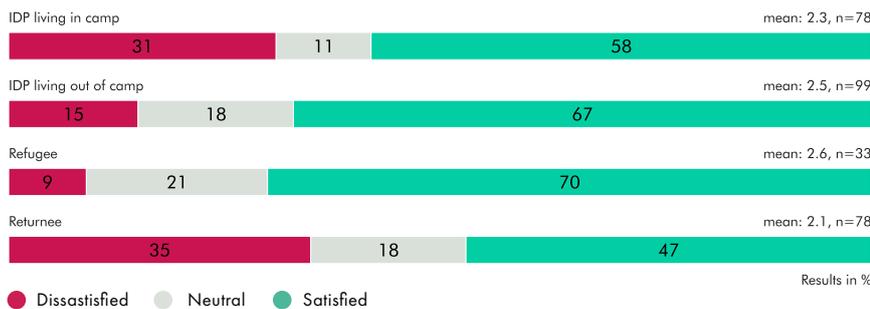
## Health services are out of reach

Against a backdrop of overloaded and otherwise limited health services, only half (49%) of respondents who have received medical attention during the pandemic were satisfied with their experience, citing prohibitive costs, insufficient medication, and lack of specialised care. People in Ninewa and Salah al-Din are the least satisfied among the governorates in our sample, as are returnees compared to other groups.

### Satisfaction with health services, by location (n=288)



### Satisfaction with health services, by status (n=288)

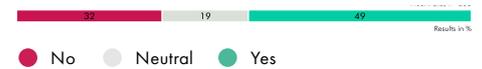


Overall trust in the healthcare system has not wavered. Many respondents (67%) say they would seek medical attention from health providers if necessary. Male respondents are more willing to do so than female respondents. People who are reluctant to access care feel prices are too high and fear contracting COVID-19 at clinics.

### Reasons to not seek help from health providers\* (n=105)



### Have you been satisfied with health services since the start of the pandemic? (n=288)



“Treatment is expensive at private clinics and no effective treatments are available at public hospitals.” – Female returnee in Salah al-Din

### If you needed medical attention, would you go to a health provider? (n=544)



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

## Remote education is difficult for parents

Lack of access to education as well as trauma, stress, and anxiety are children’s primary protection risks, according to the National Protection Cluster (NPC).<sup>5</sup> In-person classes remain suspended in the Kurdistan region, while schools in Federal Iraq opened their doors on 29 November, offering courses on a rotational basis.<sup>6</sup> At the time data was collected in October and November, the majority (86%) of parents and caregivers said schools in their area were closed.

In order to cope, 64% of parents and caregivers are attempting home-schooling, while 41% say their children are following coursework remotely. Aside from the absence of remote curricula in some areas of the country, respondents cite not having the right devices, an internet connection, or simply the financial means as reasons why facilitating lessons during restrictions is challenging. This finding is particularly concerning given increased reports of child labour, notably in out-of-camp locations.<sup>7</sup>

Given these obstacles, parents are eager to send their children back to school. A recent WFP survey found overwhelming preference for in-person lessons over remote setups, especially in rural areas.<sup>8</sup> People worry their kids are falling behind academically and socially.<sup>9</sup>

## Majority of respondents are affected by lost income

Findings from our first two surveys indicated that the majority of affected people were struggling to make ends meet, and this has worsened over time. In this round, more than half of respondents (80%) attribute their concerns to loss of income, followed by health issues (28%). Facing reductions and delays in assistance from government and humanitarian actors as well as barriers in accessing markets, respondents tell us they have unmet needs that could be met with cash, food, and health services.

Some families are resorting to borrowing money and selling assets, and some are changing or reducing their food intake.<sup>10</sup> Some simply do not know what to do. By the end of October, the number of people suffering from insufficient food consumption in Iraq reached 4.5 million, a 30.4% increase on the previous month.<sup>11</sup>

### Children attending in-person classes (n=66)



### Children receiving home-schooling (n=339)



### Children following coursework remotely (n=338)



● No ● Yes

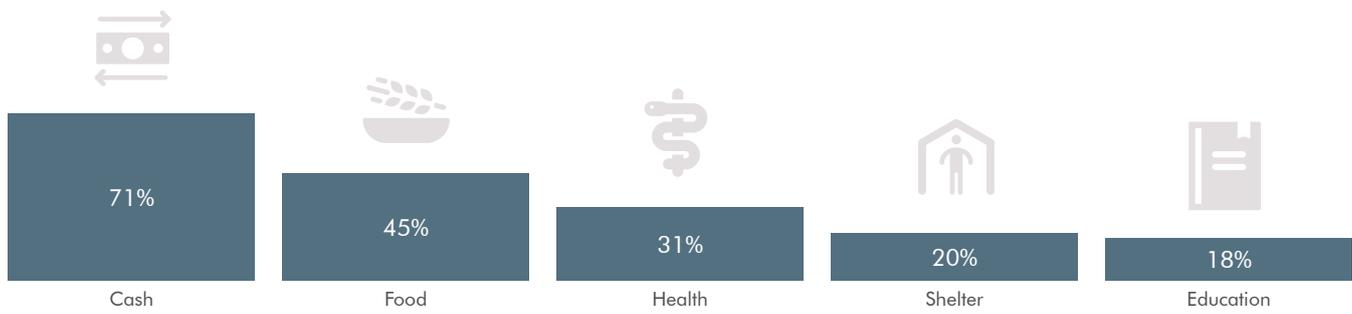
<sup>5</sup> National Protection Cluster, “Protection monitoring in response to COVID-19 analysis dashboard” (20 September 2020),

<sup>7</sup> National Protection Cluster, “Protection monitoring in response to COVID-19 analysis dashboard” (20 September 2020).

<sup>8</sup> WFP and UNICEF, “Back to Learning Survey: Parents with children enrolled in school” (November 2020),

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

**Unmet needs\* (n=486)**



**Factors contributing to concern about meeting needs (n=515)**



**Coping mechanisms (n=545)**



**Social impact**

Iraqis across all groups – including women, children, the elderly, and people with disabilities – are suffering psychological trauma, stress, and anxiety due to containment measures.<sup>12</sup> Perhaps unsurprisingly, an overwhelming majority of respondents (80%) say they see no positive impacts arising from the pandemic. A minority (10%) have observed positive effects such as a cleaner environment and heightened awareness of health and cleanliness. Sulaymaniyah respondents are the most positive (27%), as compared to Salah al-Din and Ninewa (3% and 5%, respectively). Refugees are also more likely to see positive effects than other groups. Financial instability and deteriorating mental and physical health are among the adverse impacts people mention.

**Do you see any positive outcomes of the pandemic so far ? (n=545)**



**Adverse social impacts\* (n=545)**



**“Brotherhood has increased between people who support each other.” – Male IDP in Erbil**

<sup>12</sup> National Protection Cluster, “Protection monitoring in response to COVID-19 analysis dashboard” (20 September 2020).

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

## Over two-thirds surveyed are satisfied with the response

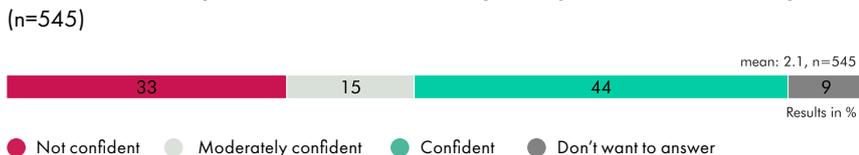
Over two-thirds of respondents (69%) find the authorities’ response to the pandemic either ‘good’ or ‘acceptable’, while one-quarter (25%) find it poor. In addition, half (50%) find the measures appropriately strict, while one-quarter find them too strict, and 19% not strict enough. These 19% who believe the authorities have been too lenient most frequently cite a lack of clarity around procedures and overall laxity in their communities.

Less than half (44%) of respondents are confident in the authorities’ ability to face future challenges. Women are more optimistic (53%) than men (38%). Location also impacts this finding, with the most positive responses emerging from Erbil and Sulaymaniyah, and the most negative from Ninewa and Anbar. Respondents implore decision-makers to distribute financial assistance and hygiene items – including masks and gloves – to improve the situation.

### How would you rate the authorities’ response to COVID-19? (n=545)

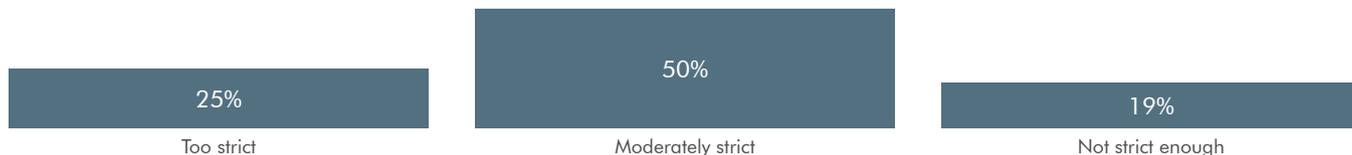


### How confident are you in the authorities’ ability to respond to future challenges? (n=545)



“Citizens have failed to abide by the authorities’ mandate.” – Male IDP in Ninewa

### How strict do you think COVID-19 measures in your area have been?\* (n=545)



# Methodology

## Sampling methodology

The sampling strategy was designed using figures (as of 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. Therefore the results can only be considered representative of the perceptions of people who contacted the IIC and should be interpreted as indicative of the overall Iraqi population in need in the selected governorates. Logistical constraints did not allow for the random approaches commonly used in phone surveys – such as random digit dialling – particularly given the focus on IDPs, refugees, and returnees, who constitute a small proportion of the overall Iraqi population. 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

Ground Truth Solutions designed the survey questions in consultation with the WHO Global Risk Matrix<sup>13</sup> and the Global Humanitarian COVID-19 Response Plan.<sup>14</sup> Questions in this third round are designed to help us understand coping mechanisms and access to services. 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, 49% were female and 51% 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, 140 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 at the 95% confidence interval lies at (+/-) 10 percentage points, and between (+/-) 6 and 10 percentage points 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.

## Language of the survey

Surveys were conducted in Arabic.

GTS is sharing these findings with humanitarian actors to inform response planning and programme adjustments. In partnership with Cash Consortium Iraq (CCI), we are conducting qualitative surveys to further understand the pandemic's effects on daily workers, who have been consistently identified as one of the most impacted groups.

## About this bulletin

This report presents highlights from Ground Truth Solutions' (GTS) telephone surveys with 335 IDPs, 60 refugees, and 150 returnees across six governorates in Iraq in October and November 2020.

Our quantitative citizen survey is conducted in partnership with the Iraq Information Centre (IIC). GTS collected three rounds of surveys of approximately 530 respondents per round between April and November 2020, targeting 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.

## 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.

<sup>13</sup> 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](http://www.euro.who.int/__data/assets/pdf_file/0007/436705/COVID-19-survey-tool-and-guidance.pdf?ua=1).

<sup>14</sup> OCHA, "Global Humanitarian Response Plan COVID-19" (April–December 2020), <https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf>.

Table 1: Sampling strategy November 2020 with achieved numbers\*

Governorate	IDPs in camp	IDPs out of camp	Returnees	Refugees	Total
Anbar			55		55
Dahuk	77	49/+14		30	156/+14
Erbil		45		30	75
Ninewa	59/+1	45	65		169/+1
Salah al-Din		30	30		60
Sulaymaniyah		30			30
Total	136/+1	199/+14	150	60	545/+15

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

## Data collection

### Dates

Data collection took place between 26 October and 10 November 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 can present challenges when targeting female respondents remotely. Consistent efforts over three rounds of data collection, including pairing female operators with female respondents and investing more time in identifying women, resulted in a 49:51 gender representation in this latest analysis.

### Author

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### Recommended citation

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