IOM IRAQ

COVID-19 STRATEGIC RESPONSE PLAN

February – December 2020

IOM
UN MIGRATION

CONTENTS

SITUATION OVERVIEW

On 31 December 2019, a cluster of pneumonia of unknown origin was reported in Wuhan City, Hubei Province of the People's Republic of China. On 11 March 2020, the World Health Organization's (WHO) announced that the pathogen known as the Coronavirus Disease 2019 (COVID-19), constituted a pandemic. By 13 March, WHO reported that the increase in cases of COVID-19 in the Eastern Mediterranean region, including Iraq was "of particular and great concern".[1] Arguably, COVID-19 is engendering the largest mobility crisis ever seen, changing patterns in global mobility, airline services, acceptance of movement, acceptance of foreigners, border management and migration management systems.

As of 20 April 2020, there were 1,539 confirmed cases of COVID-19 and 82 deaths in Iraq with the number of confirmed cases reported increasing. The COVID-19 outbreak threatens to paralyze an already fragile system and impact the many communities who are still vulnerable and recovering from the Islamic State in Iraq and the Levant (ISIL) crisis and subsequent economic downturn. The core national capacities for prevention, preparedness and response capacity for public health events[2] is limited and the health-care system has been weakened by years of conflict, sanctions, poor governance and low investments in health, with Iraq's government spending on average 161 United States dollars (USD) per citizen each year on health care. There is a lack of health workforce across different cadres, with many having fled Iraq,[3] and shortages in essential medications and equipment. These gaps may risk stabilization gains. The lack of public services, including healthcare, were among the factors driving unrest throughout 2018, particularly in the southern governorates. Mass civil demonstrations began in Baghdad in late 2019 and radiated across the country, with thousands injured and over 450 killed. The demonstrations and related political instability resulted in the resignation of the Prime Minister. At the regional and global level, there are continued and rising tensions between US and Iranian proxies; and ISIL have also stated their intent to exploit the current crisis, which could be particularly traumatic for civilians hoping for a return to normalcy.

Lengthy and porous borders compound the challenge of managing risks associated with human mobility and outbreaks; Iraq has long land and sea borders with Iran, Jordan, Kuwait, Saudi Arabia, Syria and Turkey, with 26 Points of Entry (PoE), including five airports, six ports and 15 ground crossings that carry international traffic.[4]

Iraq is a transit and destination country for victims of trafficking, many of whom may now be caught in crisis and in even more precarious conditions. Iraq also hosts hundreds of thousands of south Asian, southeast Asian and African migrant workers employed in the domestic, construction and service sectors, likely to be disproportionally impacted by the health crisis, economic downturn and travel restrictions. Migrants and refugees in Iraq, including those in refugee camps who may have residency and financial status issues, are at heightened risk, particularly in the context of airport closures, travel restrictions, the pausing of global resettlement programme and inability to implement assisted voluntary return and reintegration (AVRR) programming. The crisis threatens to exacerbate existing vulnerabilities among Iraq's 1.4 million internally displaced persons (IDPs), approximately 300,000 living in camps and reliant on humanitarian assistance, and the 4.6 million IDPs who have returned to their areas of origin, around half living in areas with severe or moderately severe living conditions. The crisis may impact people's socioeconomic wellbeing, pushing war-weary communities into poverty.[5] Critically, the context may negatively impact on people's mental health or cohesion between and within communities who are already divided. There will be ripple effects across Iraq for many months, if not years, to come.

To help stop transmission, the Government of Iraq (GoI) including the Kurdistan Regional Government (KRG) have progressively implemented bans on travelers from countries with significant COVID-19 outbreaks from entering Iraq, quarantine requirements and closures of the main airports in Baghdad and Erbil. Significantly, in mid-March the government instituted countrywide 'curfews' restricting movement.

> Certain categories of vulnerable persons are at disproportionate risk of harm, including individuals living in camp and out-of-camp settings who have chronic and mental health conditions that could be exacerbated by the current situation. Vulnerable groups also include survivors of domestic and other forms of gender-based violence who are, in some cases, at heightened risk due to the 'curfew' imposed across the country. The level of fear and anxiety is high in Iraq's IDP camps, due to lack of access to information, rumours, fear of exclusion, restrictions on movement, the suspension of many humanitarian services and a sense of helplessness.

1 WHO Sit Rep, 13 March 2020, available online
2 Joint External Evaluation of IHR Core Capacities of The Republic of Iraq. WHO, 17 – 19 March 2020.
3 https://www.reuters.com/investigates/special-report/iraq-health/
4 Joint External Evaluation of IHR Core Capacities of The Republic of Iraq. WHO, 17 – 19 March 2020.
5 Diplomats, UN agencies, security forces and businesspeople are exempt from this travel ban.

IOM CAPACITY TO RESPOND

In April 2020, IOM published a revised IOM Global Strategic Preparedness and Response Plan (SRP) for COVID-19, to encompass IOM's full spectrum of work with the impacts of COVID-19. The SRP remains in line with the Global Humanitarian Response Plan (GHRP) for COVID-19, launched on 25 March 2020, aligned with the World Health Organization (WHO) Strategic Preparedness and Response Plan and its upcoming revision, and the forthcoming UN Framework for the Immediate Socio-economic Response to COVID-19.

In coordination and partnership with relevant actors in Iraq, and in line with the WHO Iraq Country Strategic Preparedness and Response Plan (PRP) Against COVID-19, released on 22 March 2020, IOM will contribute to the preparedness, response and recovery in Iraq.

IOM will build upon its strong operational footprint and existing expertise across emergency programming, including public health; transition, recovery and stabilisation interventions; and migration management programming.

IOM in Iraq has strong implementation capacity, based on institutional experience, global mandate and in-country presence. IOM has had a continuous presence in Iraq since 2003 and now has over 1,400 international and national staff members across all governorates with offices in Baghdad, Basra, Erbil and Mosul and sub-offices in 17 governorates.

IOM's current programming ranges from providing lifesaving humanitarian aid, including health and mental health and psychosocial support (MHPSS), community-based transition, recovery and stabilization initiatives, including economic revitalisation initiatives, and migration management and integrated border management (IBM) initiatives, including supporting the government in developing a new National Migration Strategy, return management and comprehensive capacity-building in community policing. IOM Iraq implements AVRR programming and refugee resettlement services, including visa and consular services and health assessments, and provides direct assistance and repatriation support to victims of trafficking. IOM's Displacement Tracking Matrix (DTM) is the main source of data related to displacement and returns across the country and currently conducts flow monitoring at five border points in Iraq, relying on over 100 field-based data collection personnel and a network of over 9,500 key informants.

IOM in Iraq has extensive experience and capacity in public health, including the provision of primary health-care and mental health services, rehabilitating and equipping facilities affected by the crisis, and supporting the National Tuberculosis Programme (NTP) funded by the Global Fund for Aids, TB and Malaria. IOM's health team works in close coordination with the Ministry of Health (MoH) and the Directorates of Health at the governorate level, covering 13 governorates in Iraq with over 170 staff.

Globally, IOM has extensive experience in outbreak preparedness and response.

> IOM's approach for preparing and responding to disease outbreaks and future health threats is anchored in IOM's Health, Border and Mobility Management (HBMM) Framework. The framework links an understanding of population mobility with disease surveillance and provides a platform to develop country-specific and multi-country interventions emphasizing health system strengthening along mobility corridors, in line with the 2005 IHR.

Partnerships:

IOM is a member of the UN Country Team and an active member in the Humanitarian Operational Cell for COVID-19. IOM will work closely with all relevant Government Ministries, WHO, and with other health actors to support a holistic response with no gaps or duplication. IOM will also coordinate through the UN Humanitarian Country Team and the Cluster system, particularly through the Inter Cluster Coordination Group (ICCG). Health data from emergency health programs is reported through the ActivityInfo and EWARN (Health Cluster and WHO) and incorporated into the IOM Health Database.

IOM Iraq contributes to the strategic priorities of the IOM Global Strategic Preparedness and Response Plan. Leveraging IOM's experience working with vulnerable host communities, IDPs, returnees, migrants and refugees, and strong ties with government counterparts at national, governorate and local levels, IOM will employ a multisectoral response, using a whole-of-government and whole-of-society approach. Where possible, IOM's response encompasses economic empowerment activities and engagement with the private sector, considering the socio-economic effects of this crisis and key role played by the private sector.

Protection and disability inclusion will be mainstreamed to ensure that efforts are people-centered, inclusive and do no harm, and respond to barriers to services and information of different groups, including women, persons with disabilities, older persons, female-headed households and unaccompanied or separated children.

Having maintained a continuous presence in Iraq since 2003, IOM has acquired significant experience in maintaining operations during periods of instability, when operational challenges are heightened. In line with this experience interventions will be staged and consider the contingencies and challenges that the outbreak and consequent restrictions present, such as movement restrictions, closures of land, sea and air ports, impacts on banking systems and procurement supply from Iraq or overseas, including potential global stock-outs or demands on suppliers. Interventions can be implemented concurrently and plans will remain flexible and incorporate risk mitigation measures and contingency planning.

Interventions will only be implemented when possible, in line with government guidelines; seeking creative solutions and ensuring that staff and beneficiary wellbeing is considered and appropriate preventive and protective measures, such as social distancing, provision of personal protective equipment (PPE) where needed, and training, are employed.

> **Target Locations:** IOM will consider the COVID-19 transmission trends and public health risks, in addition to factors rendering the population more vulnerable to the disease and its impact, and where government entities need support. This includes governorates in the south of Iraq, where the poor quality of health care and water infrastructure have been among the top complaints of demonstrators, areas recovering from the conflict with ISIL, areas with a large population of IDPs and returnees, and communities with large migrant populations. Locations will be in line with Government and partner planning.

STRATEGIC PRIORITY 1

> Ensure a well-coordinated, informed and timely response through mobility tracking systems and strengthening partnership and coordination structures established at the community, national and regional levels

Coordination and Partnerships

Outcome 1: Strengthened capacities of the Government of Iraq to coordinate and respond to infectious disease outbreaks or other crises

National multi-partner coordination mechanisms for responding are being activated in Iraq. Alongside UN and all partners, IOM will support the Government to respond and contribute to a whole-of-government approach to promote a rights-based approach. This is particularly relevant for enhancing inter-agency coordination on COVID-19 in the spirit of integrated and coordinated border management, existing cooperation frameworks, and the security development nexus. Main partners are: Ministries of Health, Ministry of Interior, Ministry of Migration and Displacement, Ministry of Planning, Ministry of Labour and Social Affairs, Ministry of Youth and Sports; governmental bodies such as the Border Points Commission (BPC); and the national Joint Coordination and Monitoring Center (JCMC) of GoI and the Joint Crisis Coordination Center (JCC) of KRG. Assistance includes:

- Supporting the Ministries of Health to facilitate outbreak pillar working groups or committees such as surveillance, case management and PoE;

- facilitating multisectoral collaboration to improve the effectiveness of the COVID -19 response at governorate and local levels.

- Organising coordination platforms for partners and governmental authorities to organize COVID-19 response activities to support the allocation of resources and division of labour and avoid duplication of services.

- Assisting the Government in developing border procedures aimed at facilitating the coordination of return migration and the referrals of cases of migrants at risk of acquiring COVID-19, and supporting the Government in developing procedures and policies aimed at guaranteeing the safety of migrants and a rights-based approach.

- Supporting the strengthening of inter-ministerial/inter-service cooperation for the management of cases of stranded and labour migrants present in the national territory due to the pandemic.

- Assisting the government in developing procedures and policies for the issuance and/or extension of special visas for migrants whose possibility to leave the territory is limited by the measures put in place by public and private entities as a result of COVID-19; and closely cooperating with consular authorities of countries of origin to ensure migrants' access to needed identity documentation and other consular services.

> For humanitarian coordination, IOM is co-lead of the CCCM Cluster alongside UNHCR, co-lead of the Centre-South Shelter Cluster, and chairs the Returns Working Group alongside the Danish Refugee Council (DRC). In addition, IOM has established strong relationships with governmental authorities at the governorate and local levels and works closely with Mukhtars and tribal leaders in the delivery of assistance.

At all times IOM will advocate for the inclusion of migrants, displaced populations and refugees in ongoing preparedness and response plans to avoid stigmatization and reduce anti-migrant sentiment or xenophobia, taking a rights-based approach.

Tracking Mobility Impacts

Outcome 2: Increased understanding of the effect of COVID-19 on mobility, through monitoring, mapping and assessments

As movement across borders continues to be affected, IOM will contribute data and analysis on population mobility dynamics (locally and regionally) for a targeted and evidence-based response, including through:

- Establishing or supporting Population Flow Monitoring Points (FMP) at selected border points and key transit points within the country to understand and describe mobility patterns, key mobility axes, areas of congregation and available services.

- Contributing to IOM's DTM global worldwide tracking of movement restrictions and other measures put in place at points of entry.

- Mapping, monitoring, performing assessments and analysing the context and impact of COVID-19 on migrants and populations of concern whose situation have been affected by the pandemic, and sharing information with all partners.

Contribute to global, regional, national and community preparedness and response efforts for COVID-19 to reduce associated morbidity and mortality

Risk communication and community engagement (RCCE)

Outcome 3: Improved understanding of COVID-19 to counter misinformation and contain spread of the disease

Experience from other large outbreaks, such as the Ebola virus disease outbreak, highlights that active participation of communities is essential to contain the spread of disease. IOM will design RCCE activities to improve community understanding of COVID-19 and encourage active participation in preparedness and response efforts, in active collaboration with, including through:

- Organizing community dialogue and community-led sensitization sessions, in the field and virtually. Community engagement will specifically target vulnerable populations at higher risk due to occupation, lifestyle or mobility patterns, such as migrant workers, IDPs and refugees. Community feedback will be systematically collected to inform the response and address communities' concerns.

- Developing and disseminating information, education and communication (IEC) material, which will be distributed with other humanitarian aid materials such as non-food item (NFI) kits and via digital platforms in the local languages.

- Organizing mass communication initiatives such as bulk SMS messages, social media outreach, and pre-recorded messages, shared and available through IOM's Complaints and Feedback Call Centre in relevant languages, to share reliable information including for people in vulnerable situations; and conducting surveys through the IOM Iraq Call Centre to address questions raised by callers and provide information directly.

- Utilising existing networks, information exchange platforms and structures, to disseminate key messages and support the public health response, or help facilitate equitable resource distribution and communications. These range from institutions such as the

RCCE activities will mobilize local knowledge and capacities, communities as part of Accountability to Affected Populations (AAP) principles, so that communities benefiting from a range of IOM programming across locations are actively contributing to the public health response.

MoI-Community Policing Directorate and IOM Community Policing Forums,[6] to IOM field teams around the country, volunteer networks, and civil society organizations (CSOs), which IOM currently supports through capacity building initiatives; and through existing local peace structures, bring people together and identify ways in which otherwise divided communities can work together to counter COVID-19;In border communities, supporting cross-border, community-level awareness raising – in close coordination with municipal authorities – as well as training municipal officials and community members on COVID-19 prevention and preparedness measures, using appropriate medical and physical precautions.

- Conducting information campaigns to disseminate information about the additional risks of irregular migration in the context of the COVID-19 pandemic.

When **social distancing** is recommended, people who are already more isolated will be among those **most impacted**. We aim for our **mental health and psychosocial support** initiatives to be **accessible and inclusive for persons with disabilities**

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6 Community Police Forums (CPF) are open, inclusive and neutral spaces for the community and law enforcement to come together and discuss issues affecting them at the community level. Each CPF is facilitated by an MoI Community Police officer and elected working group of community members.

Disease Surveillance

Outcome 4: Disease surveillance systems are reinforced at sub-national and local levels

Where possible, IOM will reinforce and strengthen surveillance of COVID-19 at governorate and local levels, including through using IOM's data collection and analysis systems:

- Where needed, IOM can establish Points of Control (PoC) in communities to limit transmission between affected and non-affected areas. PoC will conduct health screening, provide risk communication messaging and promote hand hygiene through handwashing facilities. The PoC will be established in coordination with local authorities and with the participation of communities.

- Establishing community-based surveillance to improve early detection of cases of COVID-19 and empower communities to identify and communicate public health risks, and considering populations with special needs such as older persons, persons with disabilities, and those with differing levels of literacy. Reliable information from communities will complement existing surveillance systems. IOM will work with communities, including existing structures such as the MoI Community Policing Directorate and IOM Community Policing Forums and local organizations to identify volunteers who will be trained and equipped to identify and report community alerts.

- Conducting Participatory Population Mobility Mapping Exercises (PMEs) in selected communities to understand and describe mobility patterns, key mobility axes, areas of congregation and available services. PMEs provide essential information to assess communities' vulnerabilities, guide health resource allocation, and recommend public health measures to reduce disease transmission, improve detection of cases, and reinforce treatment capacities.

- Supporting the design and implementation of tailored information campaigns targeting migrant workers in Iraq, to raise awareness on disease transmission, preventive measures, signs and symptoms of illness and infection, and available health care and testing services, adjusting messaging based on intended population and their customary ways of receiving information.

Points of Entry

Under IHR (2005), PoE – airports, land crossings and ports – must have the capacity to detect, report, and manage infectious diseases. IOM will work with WHO, the MoH and other governmental bodies such as the MoI and BPC, to strengthen public health capacities at PoE, including:

- Developing Standard Operating Procedures (SoPs) for the screening, detection, reporting, management and referral of suspect COVID -19 cases, and training border health teams to implement these SOPs. As well, strengthening health screening with health declaration forms, visual observation of travellers, assessment of exposure to the disease through interviews, and follow-up on travellers arriving in the country.

- Sensitization and awareness raising sessions for all PoE personnel, including immigration, security and customs, to ensure that they are aware of public health risks and their role in preventing and responding to health emergencies.

- Equipping or rehabilitating PoE with equipment and supplies such as information communication and technology (ICT) equipment, PPE and non-contact thermometers.

- Upgrading isolation rooms at PoE to meet minimum standards – including water supply and sanitation points, separate men and women toilets and washrooms, incinerators, morgue, power supply (e.g. generators and solar lamps), and wet, dry and bio-waste management.[7]

- Developing public health emergency plans and strengthening referral pathways to support timely and safe transport of suspect cases to designated health facilities.

- Where needed, establishing health screening points at informal ground crossings that experience a high flow of travellers.
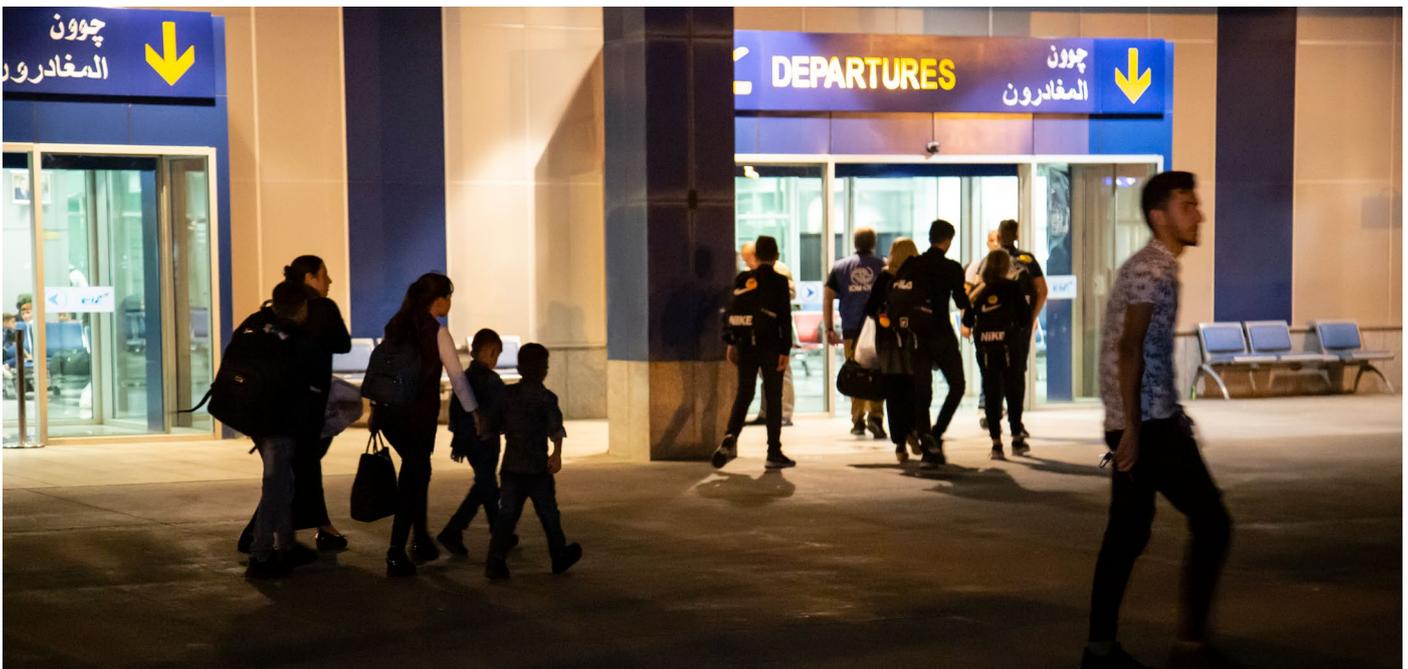
7 Acknowledging the demand for equipment rising concurrently in other locations, and being able to procure and transport the material, and considering national and international markets and the impact on global supply and demand and difficulties with air traffic. The need for this protective gear is very high.

Infection Prevention and Control

Outcome 6: Enhanced national capacity for Infection Prevention and Control (IPC)

Infection prevention and control measures are an effective way to prevent or limit transmission of the disease and IOM will support enhanced national capacity through:

- Training health workers on standard precautions and transmission-based precautions.

- Disseminating guidelines, job aides, and other resources to support health workers in performing their functions.

- Provision of IPC supplies including cleaning supplies, disinfectants, and personal protective equipment (PPE).

- Undertaking repairs, rehabilitation and maintenance of water, sanitation and hygiene (WASH) facilities and handwashing stations to ensure adequate access to clean water and sanitation; including in informal settlements where WASH partners are normally not present

- Establishing handwashing stations at the entrance of the camps and settlements and at areas of congregation. This will be coupled with hygiene promotion activities and distribution of hygiene kits containing soap and detergent (amongst other items), designed to empower people to implement risk communication messages and promote positive behaviour change, in co-operation with the WASH Cluster.

> Although a large network of primary health care centres (PHCCs) exist in Iraq, the health system remains largely hospital based as PHCCs generally tend to provide basic services at varying quality. COVID-19 case management guidelines have not been adapted to Iraq and confirmed COVID-19 cases are all admitted to hospitals. An effective system is needed to manage the interface between the patient and the health system until admission for treatment. It is essential that people with respiratory symptoms are managed adequately to prevent infection of health workers and other patients and are provided with adequate treatment and care. This involves clinical triage and early recognition, initial case management if needed, and referral, with infection prevention and control implemented at every stage.

Ensure access of affected people to basic services and commodities, including health care, and protection and social services.

Case Management and Continuity of Essential Services

Outcome 7: Increased access to essential services through supporting healthcare facilities to effectively identify and manage suspect cases

In target locations, where access allows and considering staff and beneficiary safety and health, IOM will work with the communities and stakeholders to map vulnerable populations and health-care providers (including PHCCs, hospitals and pharmacies) that need to be reinforced to effectively identify and manage suspect cases of COVID-19, and support effective clinical triage, early recognition and syndromic screening. IOM's support will include:

- At the PHCC level, reinforcing referral systems, through training, operational support and provision of PPE, to ensure safe and timely transport of suspect cases.

- Providing training on surveillance and reporting for COVID-19, case management, and IPC; Ambulance personnel will be trained on safe transport of suspect cases and will be provided with necessary equipment/supplies.

- Routinely supervising supported health facilities to ensure adherence to standards;

- Supporting the availability of sufficient quantities of essential medications, supplies and equipment at supported health facilities;

- Should there be a change in the current practice in Iraq, supporting community-based management of mild to moderate COVID-19 cases through trained, equipped and supervised outreach teams.

- Supporting specialized MHPSS case management and consultations in response to increased need/demand for services due to lockdown related stressors, including possible expansion of services to quarantine and hospital settings.

Camp Coordination and Camp Management

Outcome 8: Risk of COVID-19 is reduced in camps and informal settlements

In addition to the community engagement and sensitization activities, IOM will seek to prevent transmission of COVID-19 in camps, informal settlements and surrounding areas, in collaboration with the MoH, and considering staff and beneficiary safety and welfare, through:

- Scaling up engagement with IDPs and host communities in assessing risks, monitoring and reporting mechanisms, planning and implementing mitigation measures; including capacity-building of leaders and setting up and strengthening site-level platforms for inter and intra CCCM coordination with service providers to ensure that up-to-date information on COVID-19 is shared.

- Ensuring adequate triage and isolation capacities at supported health facilities within camps. Health education will be intensified and messages focusing on COVID-19 will be disseminated.

- Strengthening referral pathways to ensure camp residents have timely access to health services.

STRATEGIC PRIORITY 3

Protection

Outcome 9: Enhanced protection support and access to services of all migrants, travellers, displaced populations and local communities

IOM will work closely with the Government of Iraq and relevant countries of origin, through:

• Supporting stranded migrants' access to health and other essential services through advocacy and the provision of emergency cash assistance, transportation, translation and accompaniment.

• Deploying MHPSS and protection teams to assist vulnerable groups where possible, as well as establishing MHPSS and protection hotlines and self-help tools to assist individuals during lockdown and in quarantine. As well, providing training on Psychological First Aid (PFA) to frontline humanitarian workers, particularly health workers, using online mechanisms if needed.

• Strengthening existing protection and referral mechanisms, including across borders, to identify and support persons in need of care or protection in regard to this pandemic and refer them to appropriate services, for example alternative care, emergency support or assistance, or social services.

• Reviewing and responding to requests for support for vulnerable migrants using IOM's established procedures for migrant screening, case budgeting and

planning and service delivery. Where possible and in coordination with relevant governments, Embassies/Consulates and Representations (in Iraq and in other countries), IOM can support with the return or AVRR process, if all the necessary movement conditions are met from departure, transit and receiving countries and access to medical screening for fitness to travel considering migrant rights. IOM can also support the government in enhancing its technical capacity for identification and identity verification of its returning citizens.

• Assessing barriers and measures that are in place to support safe and meaningful access to health services and to information, as well as analyse the impact of the COVID-19 pandemic and response on the protection situation within the communities. For example, increased incidents of gender-based violence (GBV) including trafficking in persons, sexual exploitation and abuse (SEA) or intimate partner violence (IPV), family separation, persons in need of specific care and

Support international, national and local partners to respond to the socio-economic impacts of COVID-19.

Addressing Socio-Economic Impacts of The Crisis

Outcome 10: Increased economic resilience for communities in situations of heightened vulnerability

Where and when possible, IOM is looking towards short, medium and longer-term interventions that aim to reduce the socio-economic impact of COVID-19. Socio-economic assistance, which will be provided through a gender lens and harness private sector capabilities, will aim to address emerging drivers of instability and areas of fragility in Iraq. IOM will focus on vulnerable migrants and communities in which there is a high risk that the crisis will exacerbate pre-existing grievances over access to basic services and livelihoods, as well as communities in which the socio-economic consequences of the outbreak are particularly severe, and including refugees.

Activities will include:

- Supporting small and medium enterprises (SMEs) through IOM's Enterprise Development Fund (EDF):

    1. Immediate support can be provided on a fast-track basis to businesses that can manufacture or distribute PPE, soap, sanitizer and other essential supplies and equipment. Additionally, support will be provided to businesses such as grocery stores, pharmacies, food delivery and others that provide essential services to populations facing movement restrictions.

    2. Additionally, IOM intends to use EDF as a vehicle for economic recovery in a post-COVID-19 environment. Support would include access to finance for small and medium enterprises who suffered loss as a result of the crisis and need financial assistance to recover. EDF places particular emphasis on job creation.

- Developing and disseminating guidance and referral procedures for appropriate safety measures and response and referral of suspected cases of COVID-19, especially for SMEs and other businesses. This relates to businesses considered essential and operating even during periods of movement restriction, as well as later.

- Providing cash-for-work (CfW) to rehabilitate WASH infrastructure and other essential services, improve services and increase cash available for communities suffering an economic impact. CfW would ensure compliance with government and WHO safety measures and movement restrictions, and employ workers that are appropriately trained.

- Increasing forms or livelihoods support to IDP, returnees and other populations in a heightened state of vulnerability and facing hardship as a result of restrictions, for example CfW and other short-term assistance, online skills development and vocational training that help in reducing unnecessary movements and support to reduce the impact of the crisis on businesses that provide essential economic opportunities to these groups.

- Supporting basic needs and economic recovery for refugees and host communities adversely impacted by Covid-19. Activities include multi purpose cash assistance for current needs and, in a recovery environment, individual livelihoods assistance such as CfW, support to business development services (BDS), job placement and vocational training.

- Collaborating with MoLSA to expand existing social safety nets, providing cash transfers/social assistance to those impacted by the COVID-19 crisis. Building upon prior experience, IOM could propose a hybrid approach to engagement with MoLSA, collaborating closely in the design of an emergency social safety net that the Ministry could take over and/or replicate in future crises, and providing MoLSA with technical support,

alongside the programme, to help strengthen/update MoLSA's database(s), systems, capacitate social workers to engage in case management and follow up. Target groups could include families who were already economically vulnerable; families headed by individuals who are among COVID-19 risk groups and must limit potential exposure to the virus, impacting their access to livelihoods (e.g. elderly headed households, households headed by individuals with pre-existing medical conditions); and/or families who were in a moderate situation prior to the crisis but lost their livelihoods due to the context and are therefore facing economic vulnerability.

BUDGET AND BENEFECIARY NUMBERS

(Beneficiary numbers based on March 2020 planning, and may change as the context evolves)

Pillar	Budget USD	Beneficiaries
Strategic Priority 1: Ensure a well-coordinated, informed and timely response through mobility tracking systems and strengthening partnership and coordination structures established at the community, national and regional levels		
Co-ordination and Partnerships	450,000	Government authorities, UN agencies, I/NGOs and the international community
Tracking Mobility Impacts	1,000,000	All of Iraq; Government authorities, UN agencies, I/NGOs, and the international community thinktanks, media, academics and other interested parties
Strategic Priority 2: Contribute to global, regional, national and community preparedness and response efforts for COVID-19 to reduce associated morbidity and mortality.		
Risk Communication and Community Engagement (RCCE)	1,000,000	111,000 out of camp IDPs, returnees and host community members; and 5,000 IDPs in camp settings
Disease Surveillance	1,000,000	330,000 IDPs, returnees, and vulnerable community members
Points of Entry (PoE)	2,000,000	20 PoE; 50,000 border communities' members and 500 Border authorities, and migrants
Infection Prevention and Control (IPC)	3,000,000	2,300,000 IDPs, returnees, and vulnerable community members
Strategic Priority 3: Ensure access of affected people to basic services and commodities, including health care, and protection and social services.		
Case Management and Continuity of Essential Services	5,000,000	2,300,000 IDPs, returnees, and vulnerable community members
Camp Coordination and Camp Management (CCCM)	1,000,000	30,000 IDPs
Protection	1,500,000	5,000 IDPs in camps; 2,000 IDPs in out of camp settings and 150 stranded migrants and victims of trafficking
Strategic Priority 4: Support international, national and local partners to respond to the socio-economic impacts of COVID-19		
Addressing Socio-Economic Impacts of The Crisis	4,500,000	2,000 households as direct beneficiaries, with additional impacted
TOTAL		**20,450,000**