



COVID-19 Camp Preparedness

National overview of CCCM IDP Formal Camps

May 2020



Context

In February 2020, Iraq reported its first confirmed case of COVID-19. As of June 21, there had been 29,200 cases of COVID-19 reported in Iraq across all governorates, with nearly 15,000 cases still considered active.¹ The 55,268 internally displaced person (IDP) households residing in the 43 formal IDP camps in Iraq at the time of data collection are considered to face heightened and unique threats from the virus.² At the end of May 2020, the government of Iraq confirmed the first COVID-19 case in one of the Ninewa IDP camps.³ REACH, with the support of the Iraq Camp Coordination and Camp Management (CCCM) Cluster, launched the COVID-19 Camp Preparedness assessment to inform humanitarian actors of the preparedness state of IDP camps to respond to the risk of COVID-19 spread.⁴

Methodology

Data was collected through one key informant (KI) interview for each formal IDP camp present across Iraq (a total of 43 KI interviews) with camp managers and deputy camp managers. The tool consisted of both open and closed-ended questions, assessing circumstances related to planning, communications, testing, distribution activities, and quarantine and isolation capacity, among other topics. Data collection occurred between May 6 and May 14, with follow-up calls completed on June 16. To confirm information, REACH used GIS infrastructure maps and datasets from the CCCM Cluster. Full details on the methodology are included in the [terms of reference](#).

Key Findings

Preparedness and Response Plans

- 20/43 KIs reported having a COVID-19 Preparedness and Response Plan. Of these, 17/20 reported developing their plans in coordination with partners, commonly reporting governmental health authorities (14/17),⁵ the Ministry of Displacement and Migration (MoDM) (13/17), and the CCCM Cluster (12/17).⁶

Testing and Personal Protection

- 33/43 KIs reported that camp residents could access COVID-19 testing in a designated hospital or health centre. Of these, 31/33 KIs reported that an ambulance was available in the camp to transfer suspected COVID-19 cases to a designated hospital or health centre.
- 40/43 KIs reported that there were enough handwashing facilities in water, sanitation and hygiene (WASH) areas to meet the camp residents' needs.

Communication and awareness about COVID-19

- 38/43 KIs reported active communication about COVID-19 preventive measures with camp residents, mostly through: face to face communication with humanitarian personnel (23/38), notice boards (20/38), and face to face communication with community members (15/38).⁶
- 29/43 KIs reported that camp residents were fully complying with instructions to avoid gatherings.

Access to Services

- Primary healthcare services for camp residents were reported to be provided through static health centres inside their camp (37/43) and health centres outside the camp (15/43).⁶
- 39/43 KIs reported secondary healthcare was available in the camp (including diagnosis and treatment).

Distribution

- 21/43 KIs reported experiencing delays in distribution activities, and 2/43 reported experiencing cancellations. Cash (15/21) and distributions by the MoDM (10/21) were the most commonly reported types that had been delayed.

New Arrivals and Camp Visitations

- 34/43 KIs reported that they had changed their visitations policy. 35/43 KIs reported enacting either full or partial movement restrictions for camp residents.
- 17/43 KIs reported accepting new arrivals to the camp.

Quarantine and Isolation

- 14/43 KIs reported that new arrivals or returnees were quarantined by authorities before entering the camp, while 6/43 KIs reported that new arrivals and IDPs returning to the camp were screened.
- 10/43 KIs reported setting up quarantine areas for new arrivals or returning individuals, while 2/10 had established isolation areas as a contingency plan for camp-level care of mild symptoms.

¹ World Health Organization (WHO). Coronavirus disease (COVID-19). Dynamic Information Dashboard for Iraq²⁰²⁰. Available [here](#).

² CCCM Cluster. Iraq Camp Master List and Population Flow. April 2020. Available [here](#).

³ The national. [Coronavirus: Iraq confirms case in Mosul IDP camp as country faces 'catastrophe'](#). 28 May 2020.

⁴ For more information on conditions in formal camps in Iraq, please refer to the [IDP Camp Directory Round XIII](#) and the [in-camp WASH assessment](#).

⁵ Fractions represent the number of KIs who reported an indicator out of the number of KIs that were asked that question.

⁶ Question allowed multiple responses.





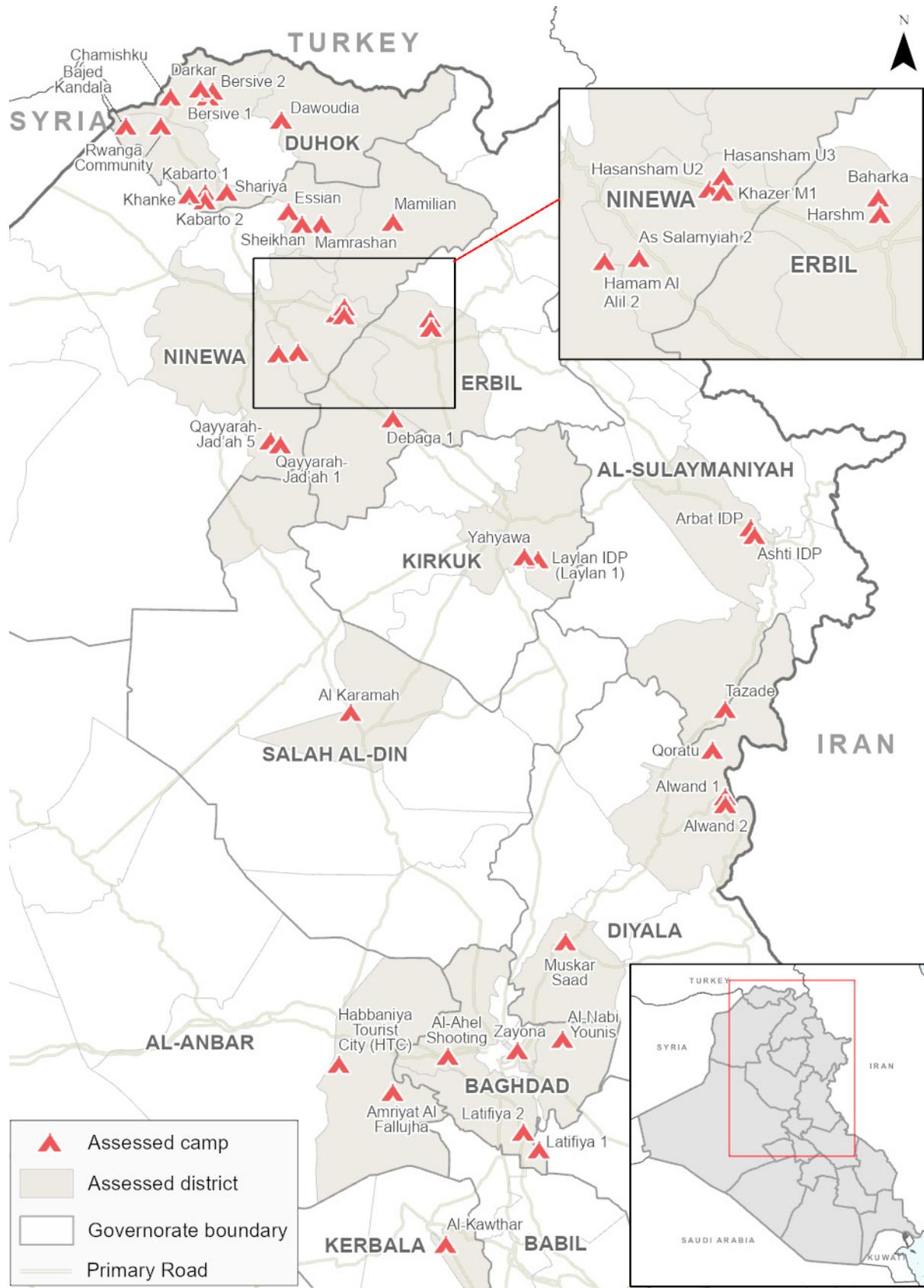
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Map 1: Camps coverage map





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COMPARATIVE OVERVIEW OF KEY INDICATORS REGARDING CAMP PREPAREDNESS

	 Presence of a preparedness and response plan in the camp	 Access to testing in designated hospital	 Sufficient Handwashing in WASH facilities to meet residents' needs	 Actively communicating about C-19 preventive measures	 Primary healthcare services available for residents within the camp	 Impact of lockdown on distributions in camps, with delays or cancellations.	 Quarantine areas being set up in the camp
Al-Anbar*	2/2	2/2	2/2	2/2	2/2	1/2	1/2
Amriyat Al Fallujha	yes	yes	yes	yes	yes	delay	yes
Habbaniya Tourist City	yes	yes	yes	yes	yes	no	no
Baghdad*	5/5	5/5	5/5	5/5	5/5	0/5	0/5
Al-Ahel	yes	yes	yes	yes	yes	no	no
Al-Nabi Younis	yes	yes	yes	yes	yes	no	no
Latifiya 1	yes	yes	yes	yes	yes	no	no
Latifiya 2	yes	yes	yes	yes	yes	no	no
Zayona	yes	yes	yes	yes	yes	no	no
Diyala*	3/4	3/4	4/4	2/4	3/4	3/4	0/4
Alwand 1	yes	yes	yes	yes	yes	delay	no
Alwand 2	yes	no	yes	no	yes	delay	no
Muskar Saad	no	yes	yes	yes	yes	delay	no
Qoratu	yes	yes	yes	no	no	no	no
Duhok*	0/11	7/11	10/11	11/11	11/11	6/11	0/11
Bajed Kandala	planned**	yes	yes	yes	yes	delay	no
Bersive 1	planned**	yes	yes	yes	yes	delay	no
Bersive 2	planned**	no	yes	yes	yes	no	no
Chamishku	planned**	yes	yes	yes	yes	no	no
Darkar	planned**	yes	yes	yes	yes	delay	no
Dawoudia	planned**	no	yes	yes	yes	delay	no
Kabarto 1	planned**	yes	yes	yes	yes	cancelled	no

* Grey rows provide an overview of the camps at the governorate level.

** KIs reported at the time of data collection not having a Preparedness Plan, but having one under development.





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Duhok	0/11	7/11	10/11	11/11	11/11	6/11	0/11
Kabarto 2	planned**	yes	yes	yes	yes	no	no
Khanke	planned**	no	yes	yes	yes	no	no
Rwanga Community	planned**	no	yes	yes	yes	no	no
Shariya	planned**	yes	no	yes	yes	delay	no
Erbil	2/3	3/3	3/3	3/3	3/3	1/3	0/3
Baharka	yes	yes	yes	yes	yes	no	no
Debaga 1	planned**	yes	yes	yes	yes	no	no
Harshm	yes	yes	yes	yes	yes	delay	no
Kerbala	0/1	1/1	1/1	0/1	1/1	0/1	0/1
Al-Kawthar	no	yes	yes	N/A ⁷	yes	no	no
Kirkuk	0/2	2/2	1/2	2/2	2/2	0/2	1/2
Laylan IDP	planned**	yes	yes	yes	yes	no	yes
Yahyawa	planned**	yes	no	yes	yes	no	no
Ninewa	7/11	5/11	11/11	11/11	11/11	7/11	7/11
As Salamyiah 2	yes	yes	yes	yes	yes	delay	yes
Essian	planned**	yes	yes	yes	yes	no	no
Hamam Al Alii 2	yes	yes	yes	yes	yes	no	yes
Hasansham U2	yes	no	yes	yes	yes	delay	yes
Hasansham U3	yes	no	yes	yes	yes	delay	yes
Khazer M1	yes	no	yes	yes	yes	delay	yes
Mamilian	planned**	no	yes	yes	yes	delay	no

* Grey rows provide an overview of the camps at the governorate level.

⁷ Declined to answer.

** KIs reported at the time of data collection not having a Preparedness Plan, but having one under development.





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COMPARATIVE OVERVIEW OF KEY INDICATORS REGARDING CAMP PREPAREDNESS

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Ninewa*	7/11	5/11	11/11	11/11	11/11	7/11	7/11
Mamrasha	planned**	no	yes	yes	yes	delay	no
Qayyarah-Jad'ah 1	yes	yes	yes	yes	yes	no	yes
Qayyarah-Jad'ah 5	yes	yes	yes	yes	yes	no	yes
Sheikhan	planned**	no	yes	yes	yes	cancelled	no
Salah al-Din*	0/1	1/1	0/1	0/1	1/1	1/1	1/1
Al Karamah	planned**	yes	no	no	yes	delay	yes
Sulaymaniyah*	1/3	3/3	3/3	2/3	2/3	1/3	0/3
Arbat IDP	planned**	yes	yes	yes	yes	no	no
Ashti IDP	yes	yes	yes	yes	yes	delay	no
Tazade	planned**	yes	yes	no	no	no	no

* Grey rows provide an overview of the camps at the governorate level.

** KIs reported at the time of data collection not having a Preparedness Plan, but having one under development.* KIs reported at the time of data collection not

having a Preparedness Plan, but having one under development





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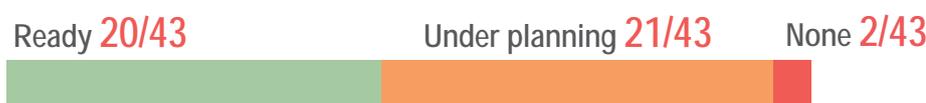


Preparedness and Response Plan and Remote Management

Less than half of the KIs reported having a Preparedness and Response Plan for COVID-19 (20/43), among which 10/20 of them reported identifying vulnerable groups to COVID-19. The majority of KIs reporting having a Preparedness and Response plan also reported receiving assistance from health governmental authorities (14/17), the Ministry of Displacement and Migration (13/17) and CCCM partners (12/17). Approximately two thirds of the KIs reported having updated their existing protection (33/43) and gender based violence (GBV) referral system (28/43). IDP camps need to be able to prepare and respond to a potential spread of COVID-19 among highly vulnerable population groups, which emphasises the need for adequate Preparedness and

Preparedness and Response Plan

✓= Number of KIs by status of Preparedness and Response Plan at the time of data collection

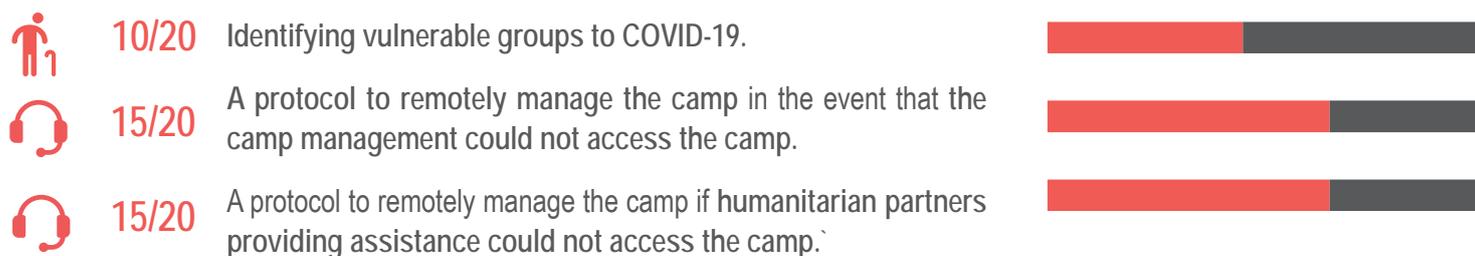


Of the KIs reporting to have a ready Preparedness and Response Plan (20/43), 17/20 reported receiving humanitarian partners' assistance on developing one.

The three most commonly mentioned humanitarian partners providing assistance in developing a plan:⁶

- 14/17 Governmental health authorities
- 13/17 Ministry of Displacement and Migration
- 12/17 CCCM partners

Of the 20/43 KIs that reported already having a camp-level COVID-19 Preparedness and Response Plan, KIs reported to include in their plan:



Referral systems

33/43 KIs reported having an updated protection referral system in place, including remote service delivery.

28/43 KIs reported having an updated GBV referral system, including remote service delivery.

These updated referral systems for remote service delivery were mainly communicated in the following ways, as reported by KIs:⁶

- 18/43 Face to face with the camp staff
- 15/43 Face to face with community members
- 14/43 Phone calls

⁶ Question allowed multiple responses.





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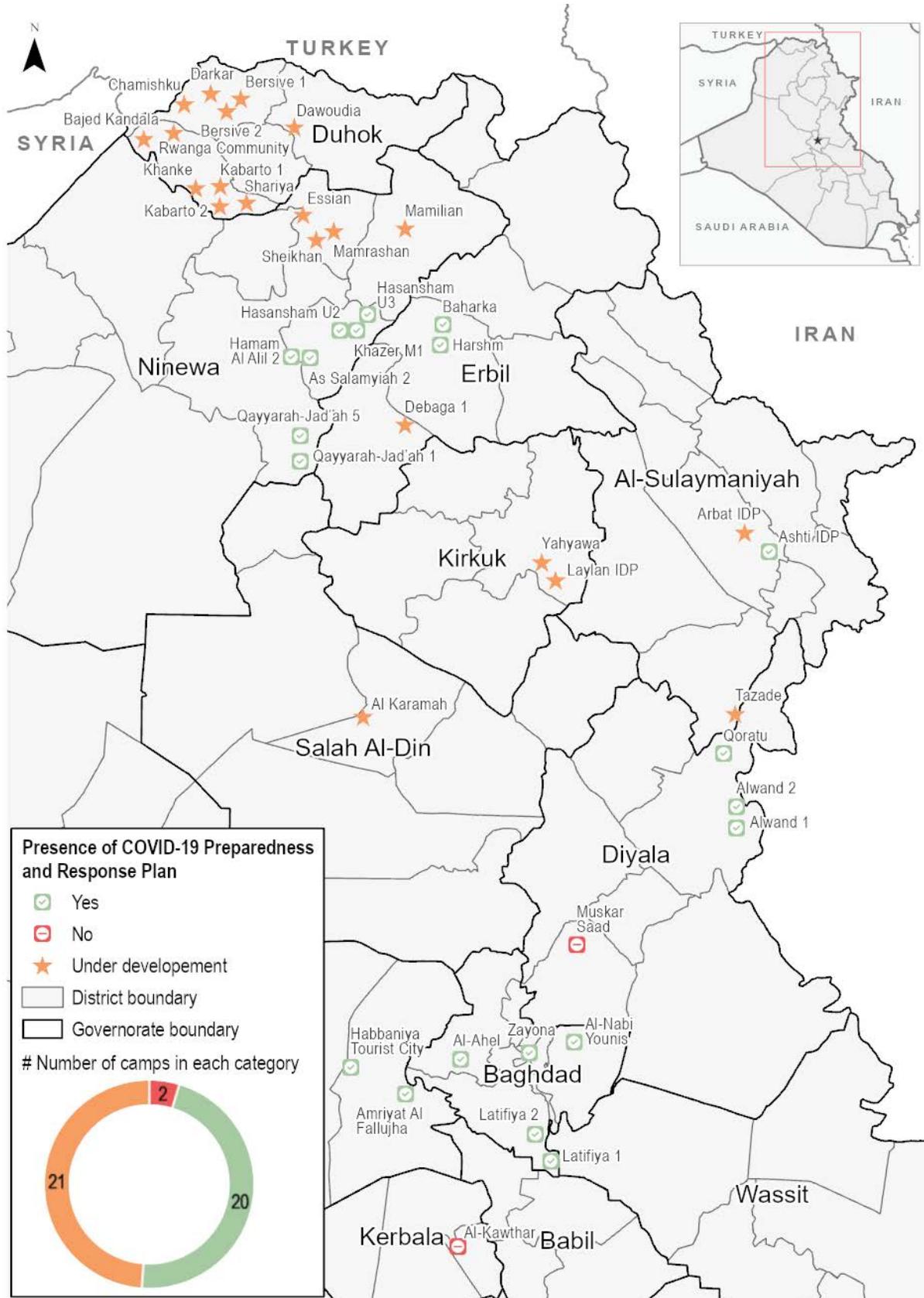
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Preparedness and Response Plan and Remote Management

Map 2: Preparedness plan and remote management





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COVID-19 Testing and Personal Protection

Although a majority (33/43) of the KIs reported camp residents having access to COVID-19 testing in a nearby healthcare centre or hospital, 10/43 KIs reported that they had no designated healthcare facilities to COVID-19 testing. Handwashing areas at the entrance or exit of the camp were uncommon, with only nine KIs reporting having one. Most of KIs (40/43) reported handwashing stations and sanitiser presence within WASH facilities was enough. In total, 28/43 KIs reported providing training for humanitarian staff on COVID-19 self-protection, and 25/43 reported providing training for community representatives. To improve camp safety, some good practices include improving access to COVID-19 testing, handwashing facilities at the entrance and exit of the camps, as well as increasing the access to training on COVID-19 self-protection.

COVID-19 Testing

Number of KIs reporting that camp residents had access to COVID-19 testing in a nearby healthcare centre or hospital.



- **31/33** KIs reported ambulance services were available to transfer suspected cases of COVID-19 to the hospital.
- **23/33** KIs reported having designated locations to isolate suspected COVID-19 cases while waiting to be transferred to the hospital.

Personal protection

9/43 KIs reported the existence of handwashing areas at the entrance or exit of the camp. The reported availability of handwashing and sanitiser supplies by these KIs was:



- 3/9** Enough supplies of soap and sanitisers
- 3/9** Only enough sanitiser supplies
- 3/9** Only enough soap supplies
- 1/9** Not enough supplies of soap and sanitisers

Number of KIs reporting having enough handwashing facilities in existing WASH areas of the camp:



- 40/43** Enough handwashing facilities
- 2/43** Not enough handwashing facilities
- 1/43** Not enough but planning to add more



36/43 KIs reported that CCCM staff, partners staff, and community members who engaged in activities had access to necessary protective equipment (such as masks and gloves).

Training on COVID-19 self-protection

Number of KIs reporting that training on COVID-19 self-protection had been provided to humanitarian staff and community representatives in their camps:

Humanitarian staff



- 24/43** All received training
- 15/43** Did not receive training
- 4/43** Some received training

Community representatives



- 21/43** All received training
- 18/43** Did not receive training
- 4/43** Some received training

Of the KIs reporting to have staff in charge of disinfecting areas of the camp (**28/43**), **22/28** reported that staff received sufficient training to do so.





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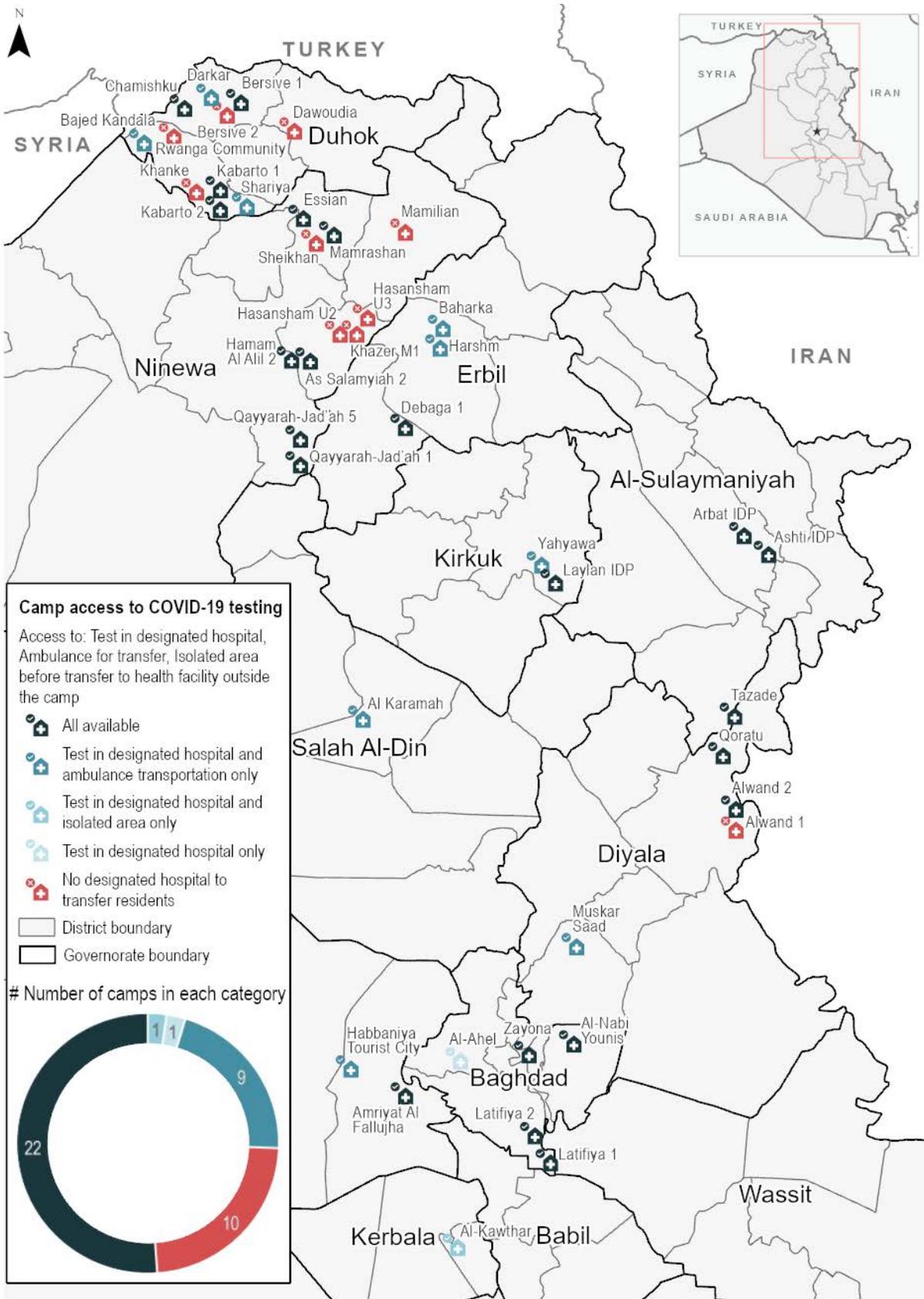
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COVID-19 Testing and Personal Protection

Map 3: Camps with COVID-19 testing available to camp residents through a nearby designated hospital or health centre





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Communication and Awareness About COVID-19

The majority of KIs (38/43) reported that camp management was actively communicating preventive measures. The preferred way of communication regarding COVID-19 preventive measures was face to face with the camp staff (23/38). KIs also reported the existence of two-way communication channels where camp residents could raise their concerns (29/43) and the tracking and addressing of rumors and misinformation (30/43).⁸ Although the majority of KIs reported instructing camp residents to avoid large gatherings, a quarter of them (11/41) reported camp residents were not fully complying. Focusing on addressing misinformation as well as responding to camp resident's concerns could improve residents' compliance to preventive measure instructions.

Communications with camp residents

 **40/43** KIs reported to coordinate communications with humanitarian partners in the camps.

Number of KIs reporting that the camp management was actively communicating preventive measures against COVID-19 in their camps.



The top 3 communication methods that camp management reported as used by humanitarian partners were:⁶

-  **23/38** Face to face with the camp staff
- 20/38** Notice board
- 15/38** Face to face with community members

 **41/43** KIs reported having instructed residents to avoid large gatherings, of which **29/41** KIs reported residents were complying fully with such instructions.

Two-way communication channels with camp residents

 **29/43** KIs reported having communication channels available for camp residents to raise concerns or ask questions about COVID-19.

The top 3 communication methods that KIs reported to be used by humanitarian partners were:⁶

-  **17/29** Face to face with the camp staff
- 17/29** Helpdesk in camp
- 13/29** Phone calls

 **30/43** KIs reported having mechanisms for tracking and addressing rumors and misinformation about COVID-19.

⁶ Question allowed multiple responses.

that allows camp residents to communicate and provide feedback to the camp management,

⁷ Declined to answer.

⁸ In this report we consider a two-way communications channel a communication channel





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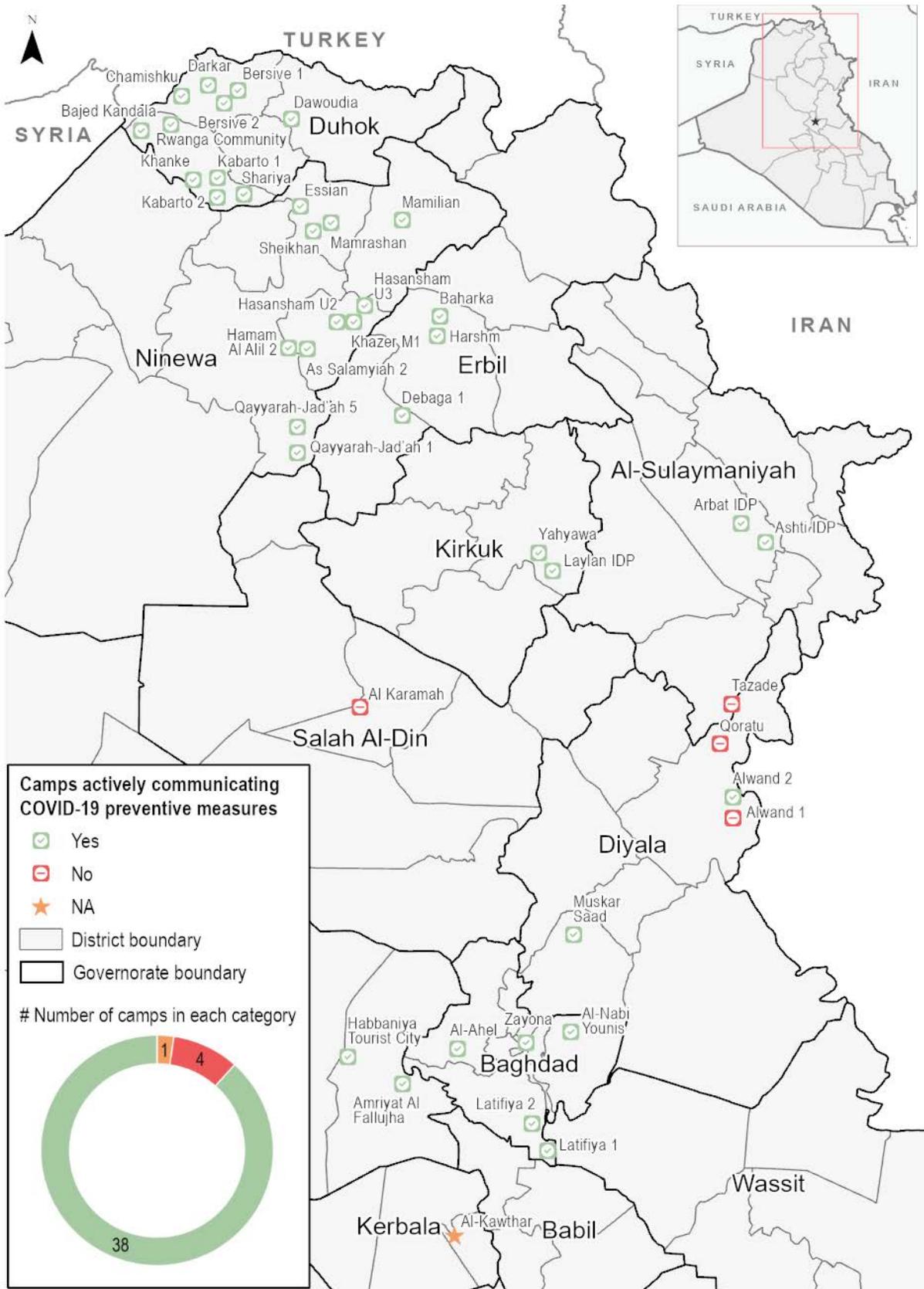
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Communication and Awareness About COVID-19

Map 4: Camps where the camp management was actively communicating COVID-19 preventive measures





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Access to Services Within the Camp

All KIs (43/43) reported that communal areas were not operational and closed to camp residents as a preventive measure against the spread of COVID-19. Primary healthcare was reported to be available within the camp by the majority of KIs (39/43),⁹ and two KIs reported primary healthcare was only available outside of the camp. Two KIs reported no primary healthcare was available. 16/43 KIs reported maternity care was available within the camp. Most of the KIs (39/43) reported secondary healthcare services as available. Overall only 1/43 KI reported that COVID-19 had an important effect on access to secondary healthcare services.

Communal areas

All KIs (43/43) reported that the following communal areas were not operational and closed to camp residents:

	Schools		Child friendly spaces	
	Community centres		Athletic or recreational areas or facilities	
	Women's centres		Religious facilities	

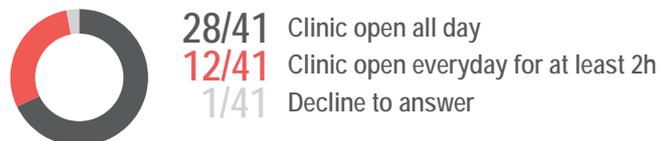
Primary healthcare services outside and inside the camp

Number of KIs reporting the primary healthcare services that were available for camp residents:⁶

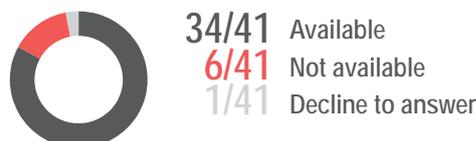
- 37/43** Primary healthcare within the camp (static clinic)
- 15/43** Primary healthcare outside the camp⁹
- 2/43** Primary healthcare within the camp (mobile clinic)
- 2/43** None is available

Number of KIs reporting primary healthcare clinics opening times and emergency services availability:

Primary healthcare clinics opening times



Emergency services availability in primary healthcare clinics



Number of KIs reporting the number of clinics within the camp (static and mobile clinics) offering primary healthcare services:

KIs reporting number of static clinics within the camp:

- One clinic: **28/37**
- Two clinics: **7/37**
- More than two clinics: **2/37**

KIs reporting number of mobile clinics within the camp:

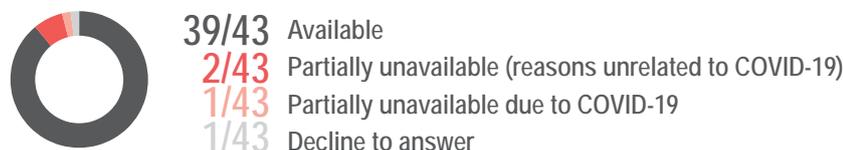
- One clinic: **1/2**
- Two clinics: **1/2**

16/39 KIs reported that the primary healthcare services in the camp had sexual and reproductive services.

35/43 KIs reported that medical masks were provided and used by patients with respiratory symptoms.

Secondary healthcare services available to camp residents

Number of KIs reporting that secondary healthcare was available for camp residents:



⁶ Question allowed multiple responses.

⁹ Some of the KIs reporting primary healthcare services were available outside the camp also reported primary healthcare services were available inside the camp. Overall 39/43

KIs reported primary healthcare services were available within the camp. 2/43 KIs reported primary healthcare services were only available outside the camp.





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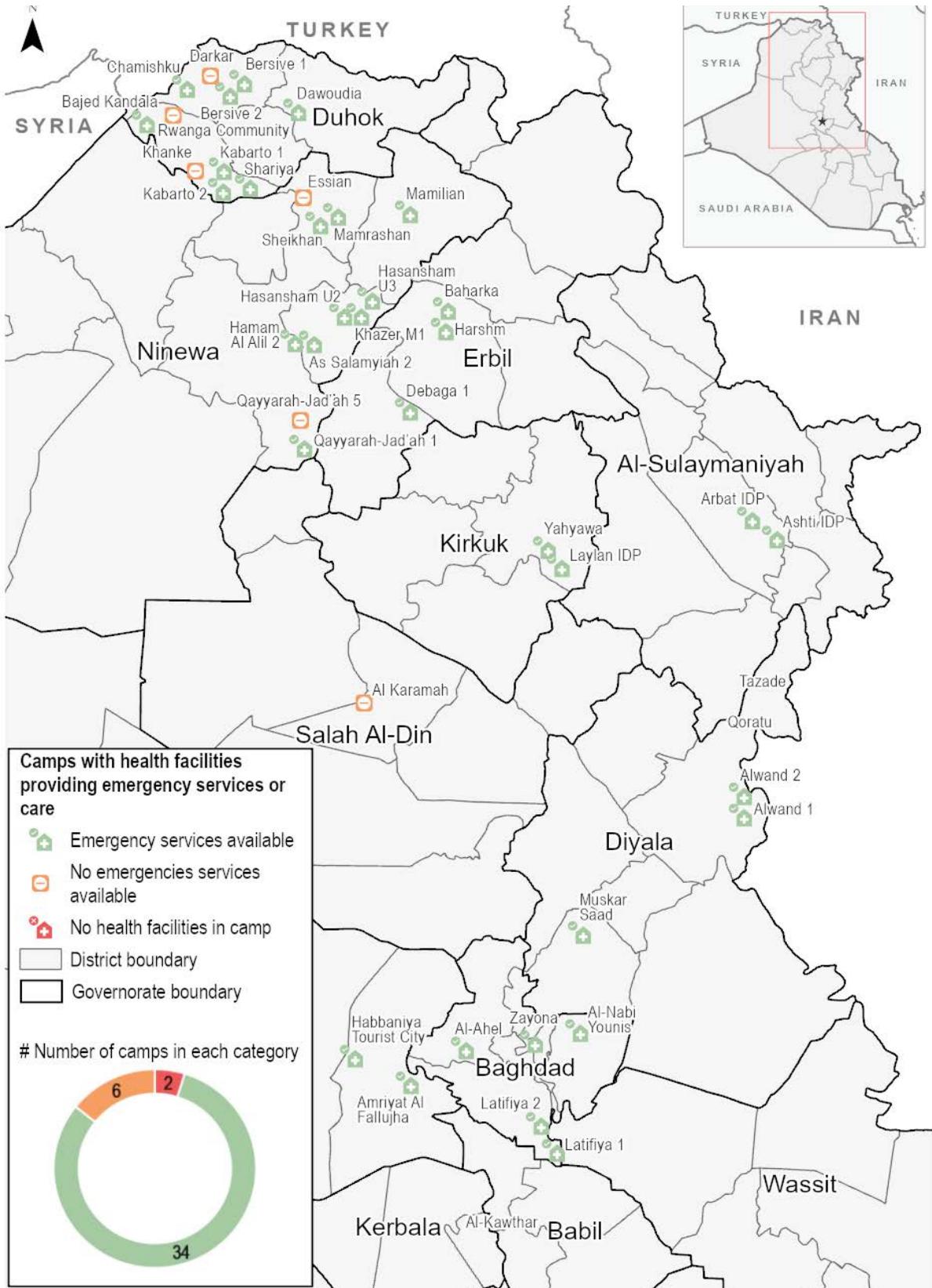
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Access to Services Within the Camp

Map 5: Availability of emergency services in camp's health facilities





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Access to Cash and Markets

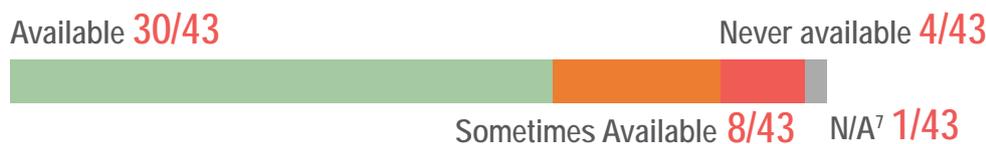
Only **12/43** KIs reported issues with cash availability for camp residents since lockdown measures were in place. Almost half of the KIs (**19/43**) reported changes in accessibility of markets within the camp since the COVID-19 lockdown, especially a reduction of customers (**17/19**) or vendors (**9/19**). Preventive measures in markets were reportedly not widespread (**27/43**). Lockdown measures have affected camp residents access to cash and markets, and more preventive measures in markets would need to be implemented to better guarantee the safety of camp residents and market sellers. A closer monitoring on camp residents basic needs could be needed to foresee and plan additional food and non-food items (NFIs) distributions.

Cash availability

Number of KIs reporting the most common sources of cash that camp residents (entitled to either earnings or transfers) usually get cash from, by KIs:⁶

- 22/43** Organisation/job pays in cash
- 17/43** Remittance office
- 12/43** Hawala representative

Number of KIs reporting the availability of cash.



Number of KIs reporting the most common reasons why cash was sometimes or never available:⁶

- 6/12** Transportation is not available
- 6/12** Restrictions by local authorities
- 6/12** Curfew affects access to withdrawal location

Markets

Number of KIs reporting the most common types of markets available to camp residents by KIs:⁷

- Marketplace (>10 shops): **25/43**
- Small market (<10 shops): **9/43**
- Closest city/town (outside): **6/43**
- Mobile vendors: **3/43**

19/43 KIs reported that markets availability changed with COVID-19 restrictions. The most commonly reported issues were:⁶

- 17/19** Fewer customers were going to the market
- 10/19** Marketplace has limited opening hours
- 10/19** Restrictions by local authorities
- 9/19** Fewer vendors were coming to the market
- 6/19** Curfew prevented access to marketplace

27/43 KIs reported that markets had preventive measures in place, most commonly reporting:⁶

- 25/27** Restricted opening hours
- 18/27** Sellers wearing masks and gloves
- 16/27** Sanitisers for customers

⁶ Question allowed multiple responses.

⁷ One or more KIs declined to answer or did not know and sum of responses might not add to the total 43 KIs





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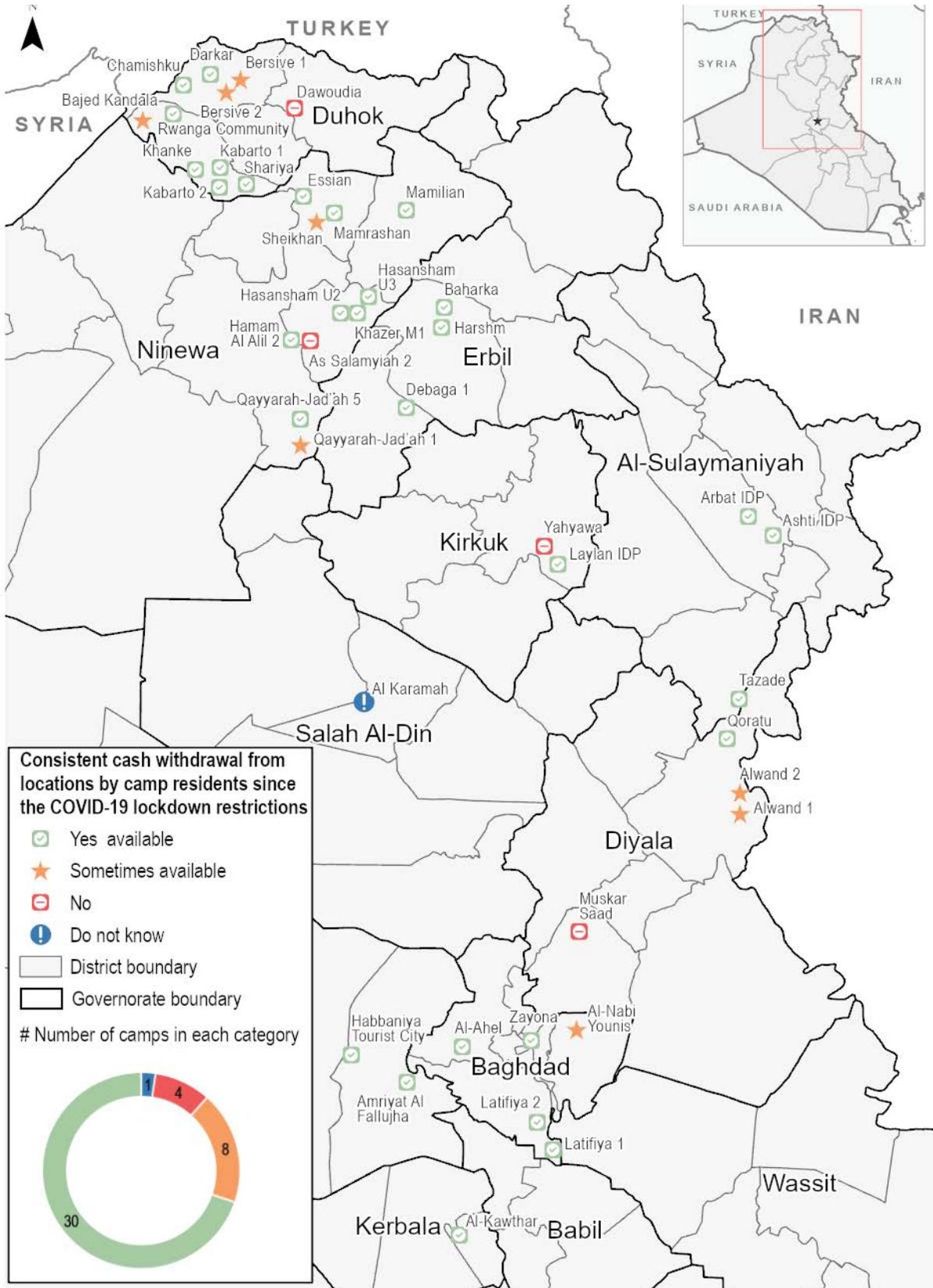
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Access to Cash and Markets

Map 6: Cash availability for camp residents





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Distribution

For more than half of the KIs distributions had reportedly experienced delays (21/43) or cancellations (2/43). The most affected distributions were: Cash (15/23) and MoDM food distributions (10/23). The majority of MoDM (37/43) and humanitarian distributions (34/43) were reported to be adapted to COVID-19 preventive measures. Most of the staff present during distribution were required to wear masks and gloves (42/43). However, the number of KIs reporting that beneficiaries attending MoDM (15/43) and humanitarian distributions (14/43) were required to wear masks and gloves was lower. More preventive measures could be implemented during distributions, especially by increasing availability of sanitisers and handwashing, and requiring all beneficiaries to wear masks and gloves.

Impact on distributions and adaptations

Number of KIs reporting impact of lockdown on distributions in camps, with delays or cancellations:



Types of distribution experiencing delays:⁶

- Cash: 15/21
- MoDM food distribution: 10/21
- Hygiene kits: 5/21
- WFP voucher/cash/in-kind: 5/21

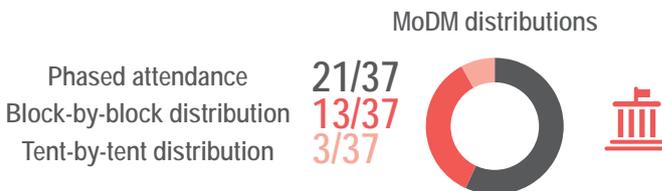
Types of distribution experiencing cancellations:⁶

- WFP voucher/cash/in-kind: 1/2
- Fuel: 1/2

34/43 KIs reported that humanitarian partners' distributions had been adapted since lockdown, most commonly through:

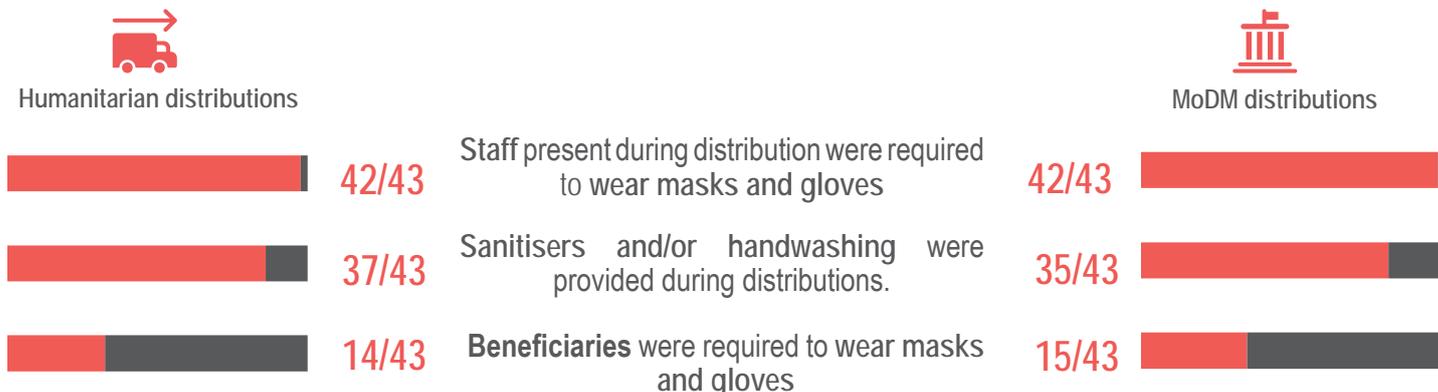


37/43 KIs reported that the MoDM's distributions had been adapted since lockdown, most commonly through:



Preventive measures during distribution

Number of KI reporting preventive measures during humanitarian partners and MoDM distribution:⁶



⁶ Question allowed multiple responses.





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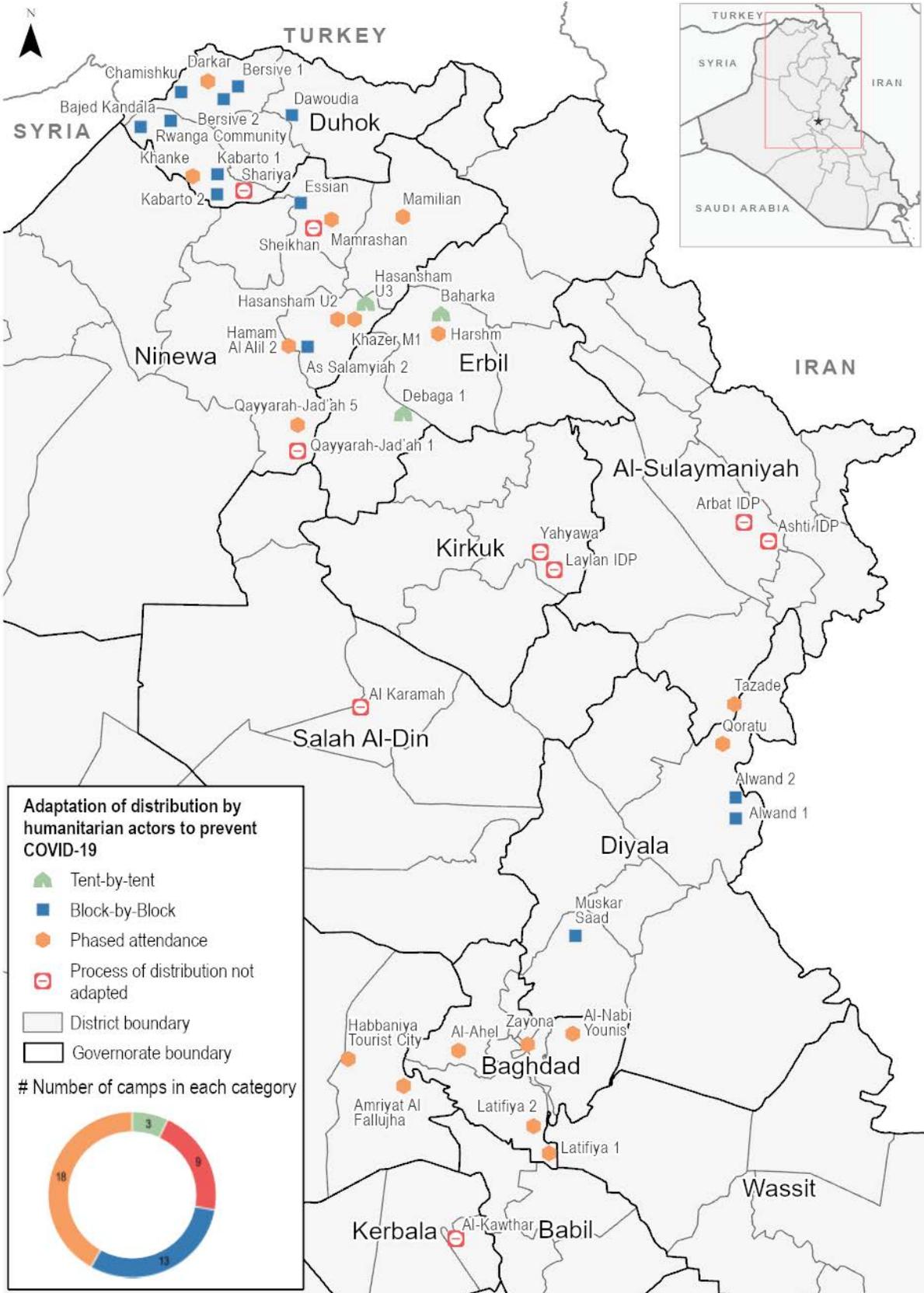
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Distribution

Map 7: Humanitarian distribution adaptations to COVID-19 preventive measures





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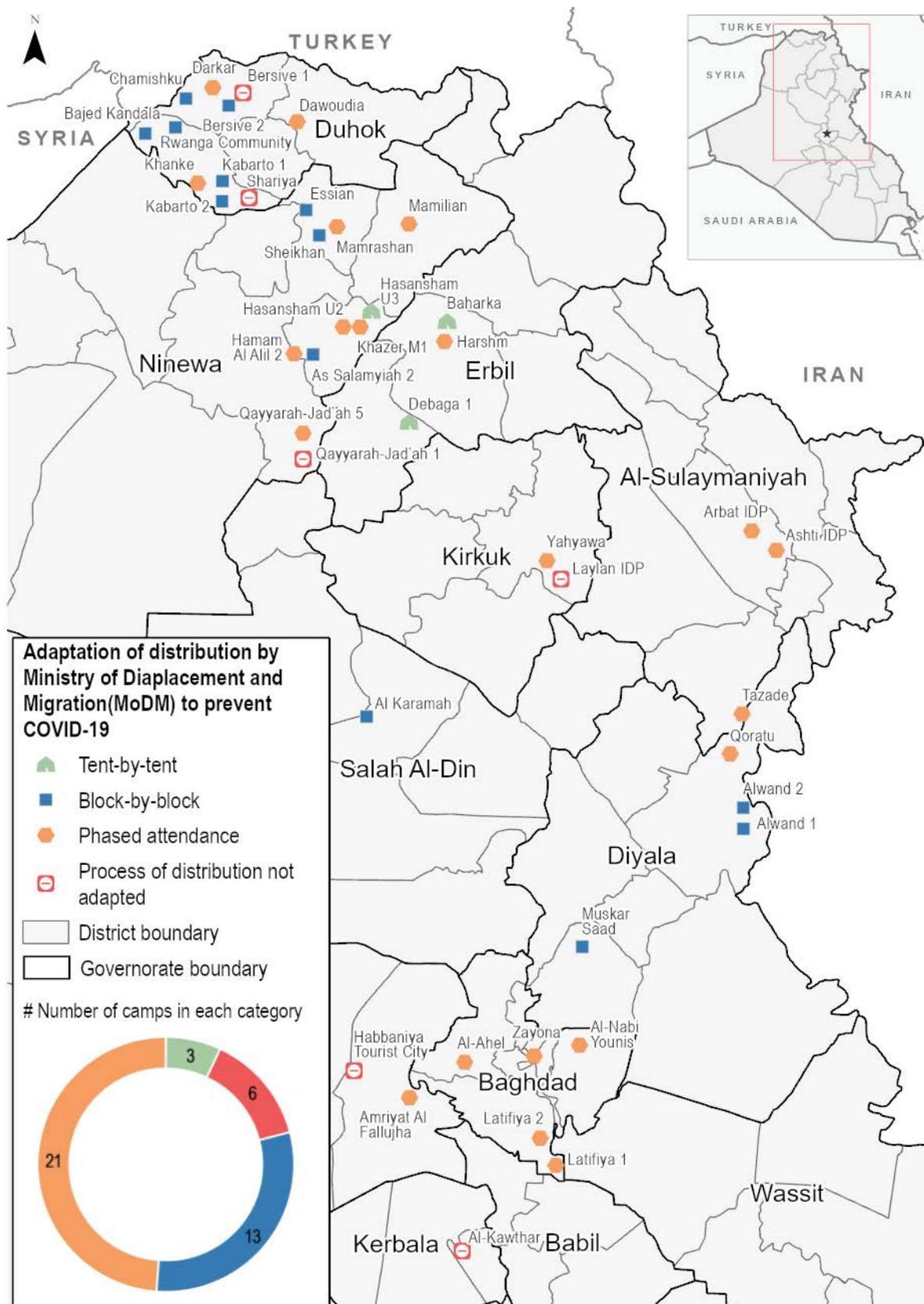
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Distribution

Map 8: MoDM distribution adaptations to COVID-19 preventive measures





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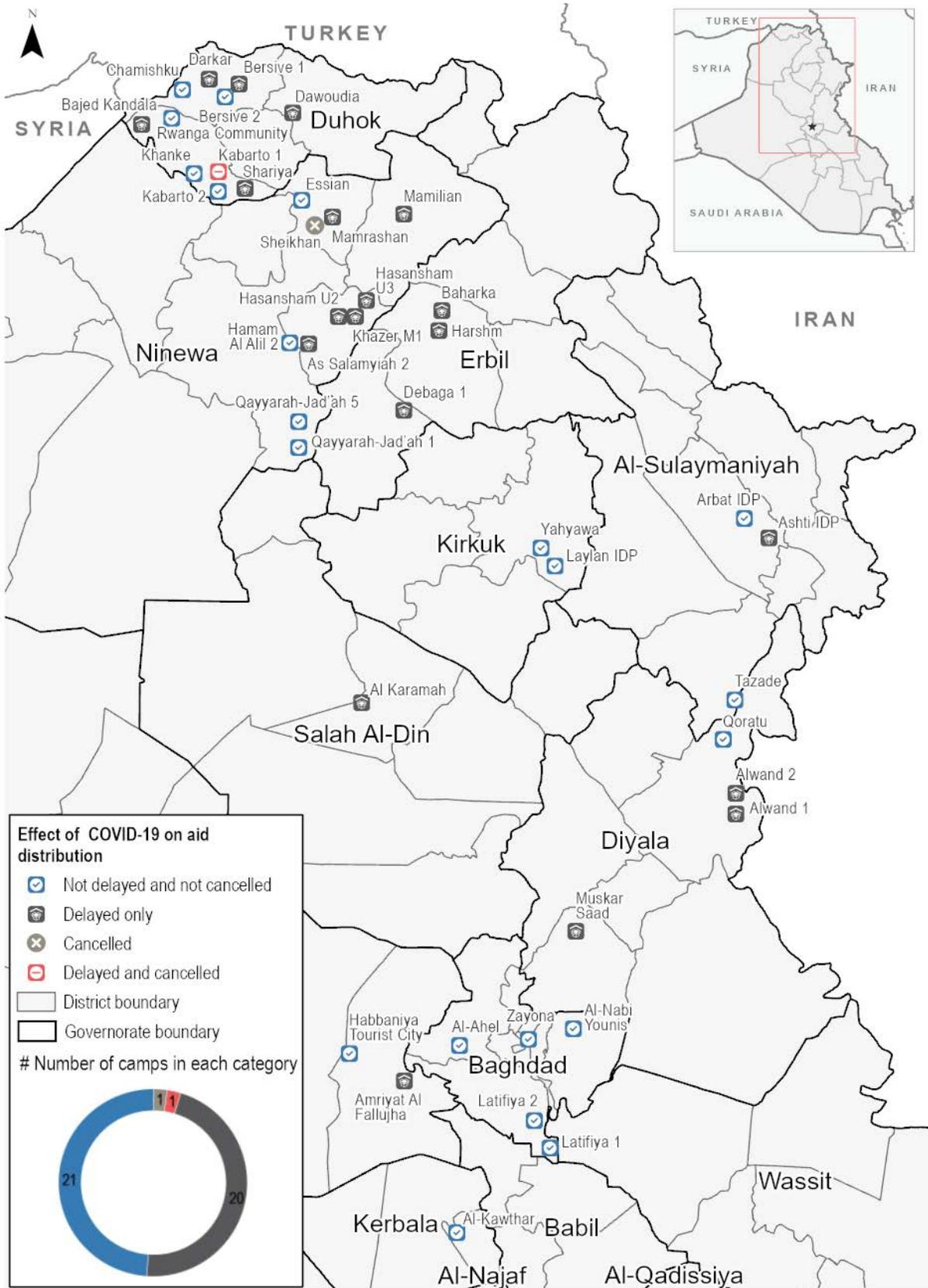
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Distribution

Map 9: Cancelled or delayed distributions due to COVID-19





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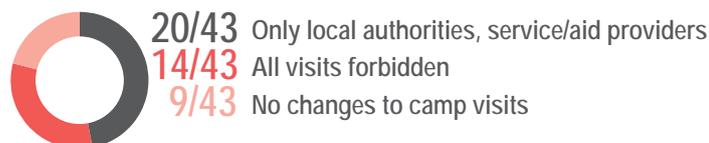


New arrivals, Quarantine and Self-isolation Protocols

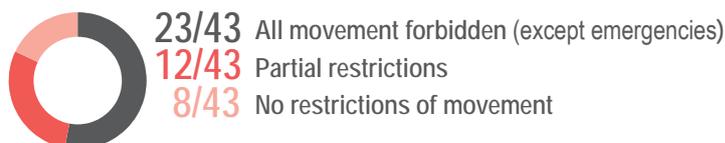
The majority of KIs reported some kind of movement restrictions to leave (35/43) or enter (34/43) the camp. Less than half of the KIs (20/43) reported having some type of governmental quarantine or screening procedures for new arrivals or individuals re-entering the camp. Only 10/43 KIs reported having established quarantine areas in the camp. According to KIs reports, quarantine and screening measures for camp residents seem to be insufficient or absent in some camps.

Movement restrictions and new arrivals

Number of KIs reporting changes to camp visits policies:



Number of KIs reporting movement restrictions outside the camp for camp residents:

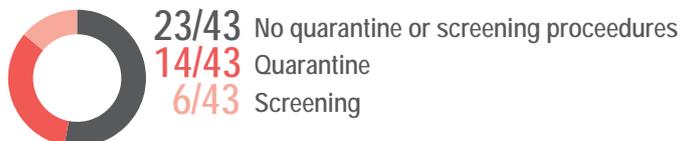


38/43 KIs reported that camp residents were fully complying with movement restrictions, and 5/43 KIs reported that camp residents complied partially with movement restrictions.

17/43 KIs reported new arrivals were still accepted in the camps.

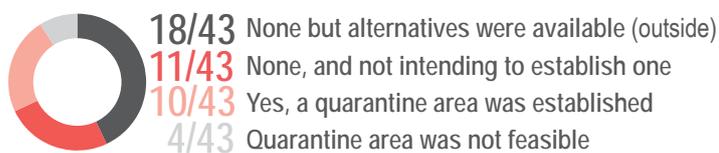


Number of KIs reporting quarantine or screening procedures for new arrivals or individuals reentering the camp:



Quarantine areas within the camps

Number of KIs reporting the availability of quarantine areas within the camp:



The most commonly reported locations of quarantine areas according to the KIs reporting having established a quarantine area within the camp (10/43):⁶

- Empty shelter(s): 5/10
- Closed sub-camp or neighboring camp: 2/10
- Unused or empty sector: 2/10

2/10 KIs reported having an isolation/quarantine area in the camp as a contingency plan for mild COVID-19 symptoms.

18/43 KIs reported that the quarantine protocols requiring family separation had a plan for taking care of children and family members with special needs.

39/43 KIs reported camp residents were practicing preventive social distancing while using communal facilities.



36/43 KIs reported advising individuals with pre-existing conditions to practice social distancing.



⁶ Question allowed multiple responses.





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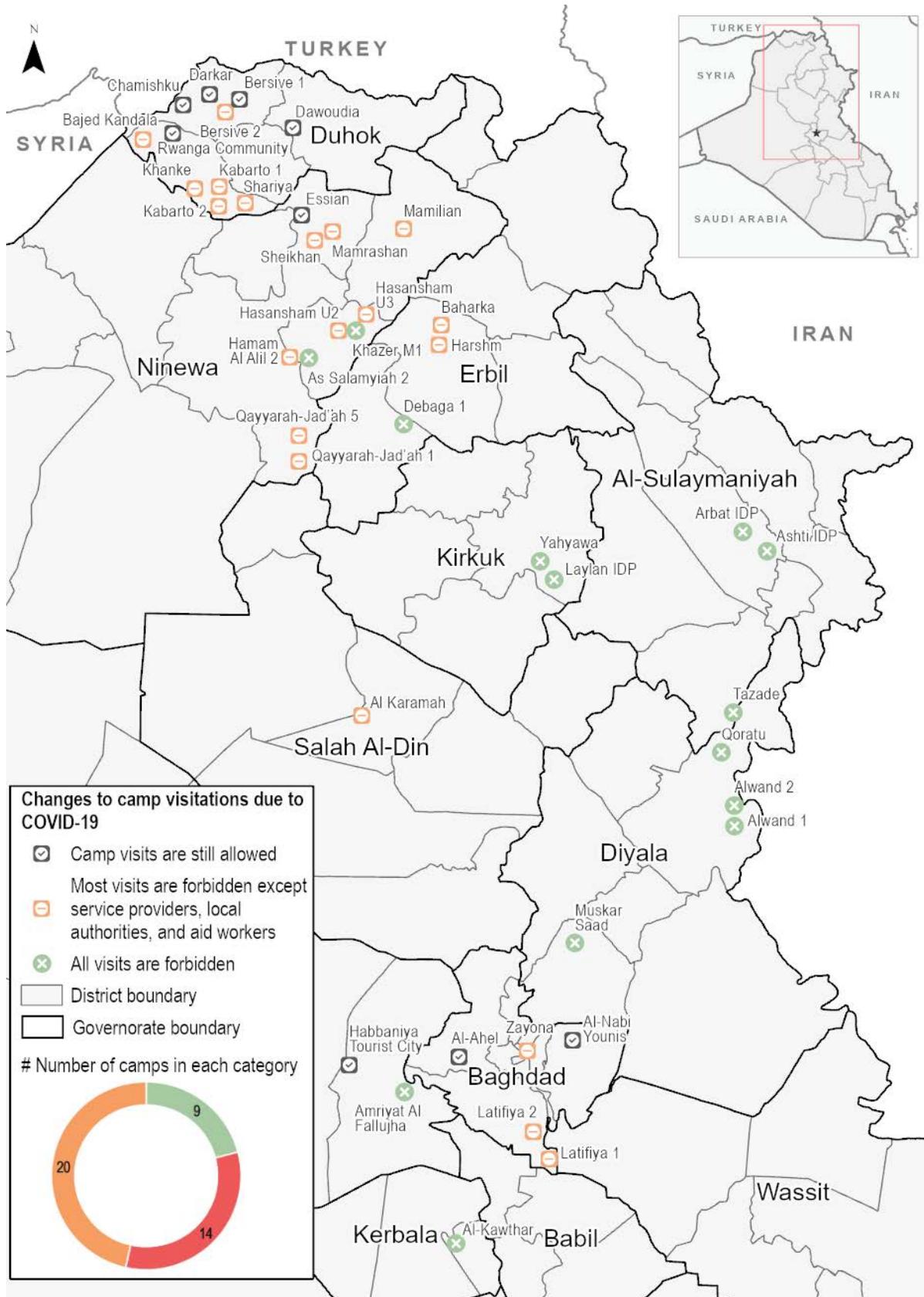
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New arrivals, Quarantine and Self-isolation Protocols

Map 10: KIs reporting camp visits restrictions





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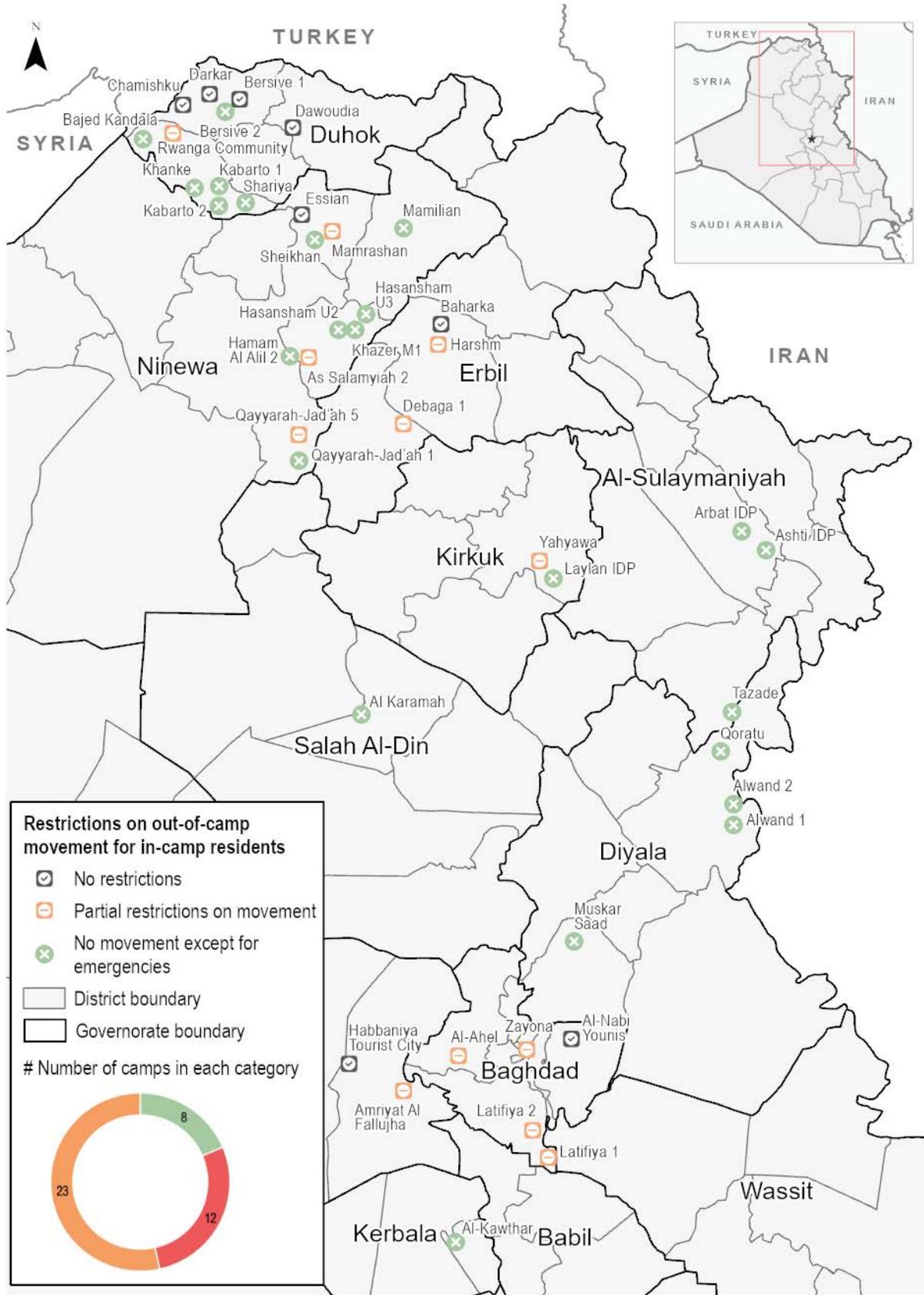
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New arrivals, Quarantine and Self-isolation Protocols

Map 11: KIs reporting movement restrictions outside the camp





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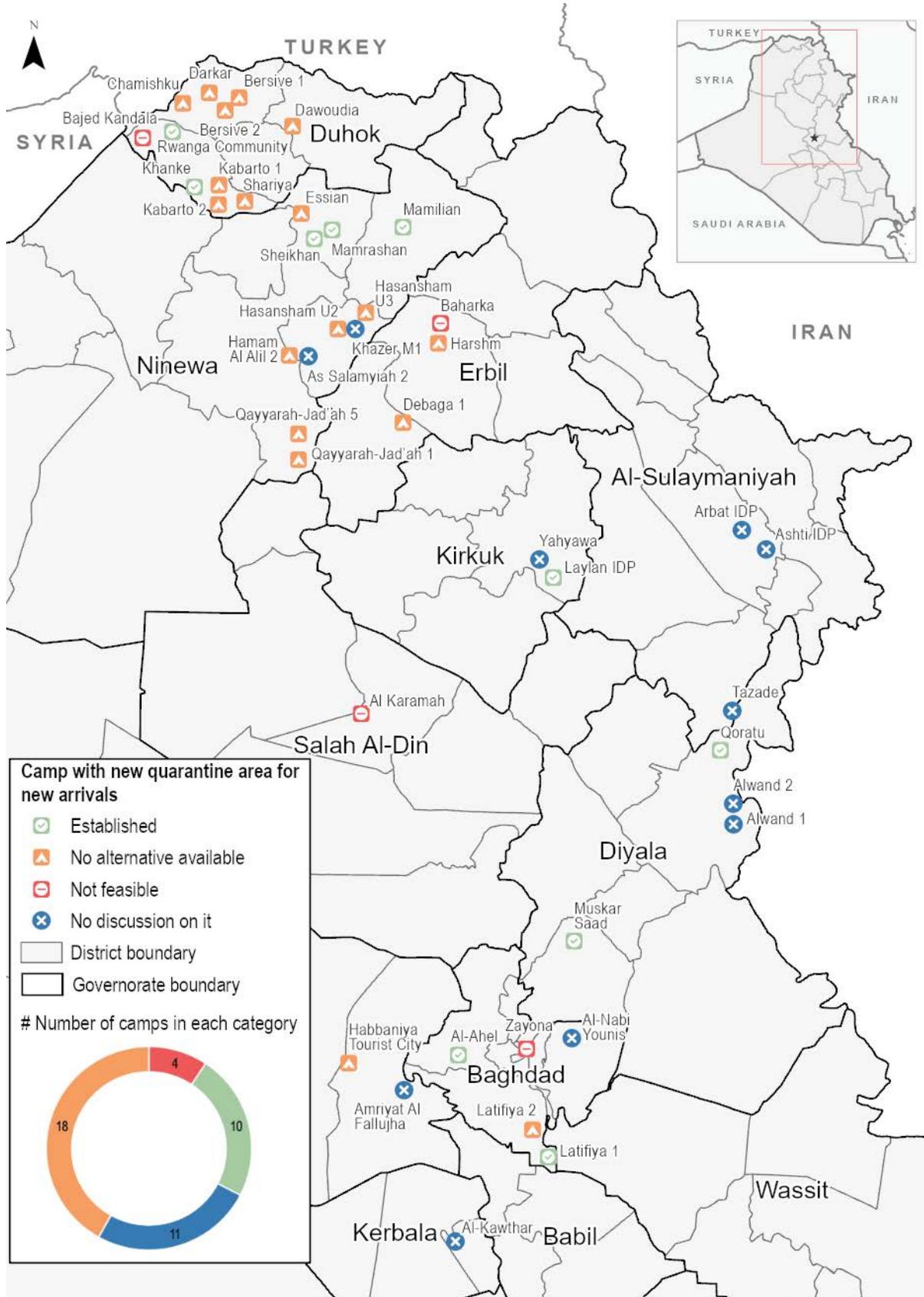
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New arrivals, Quarantine and Self-isolation Protocols

Map 12: Presence of a standard quarantine areas for new arrivals or individuals reentering the camp





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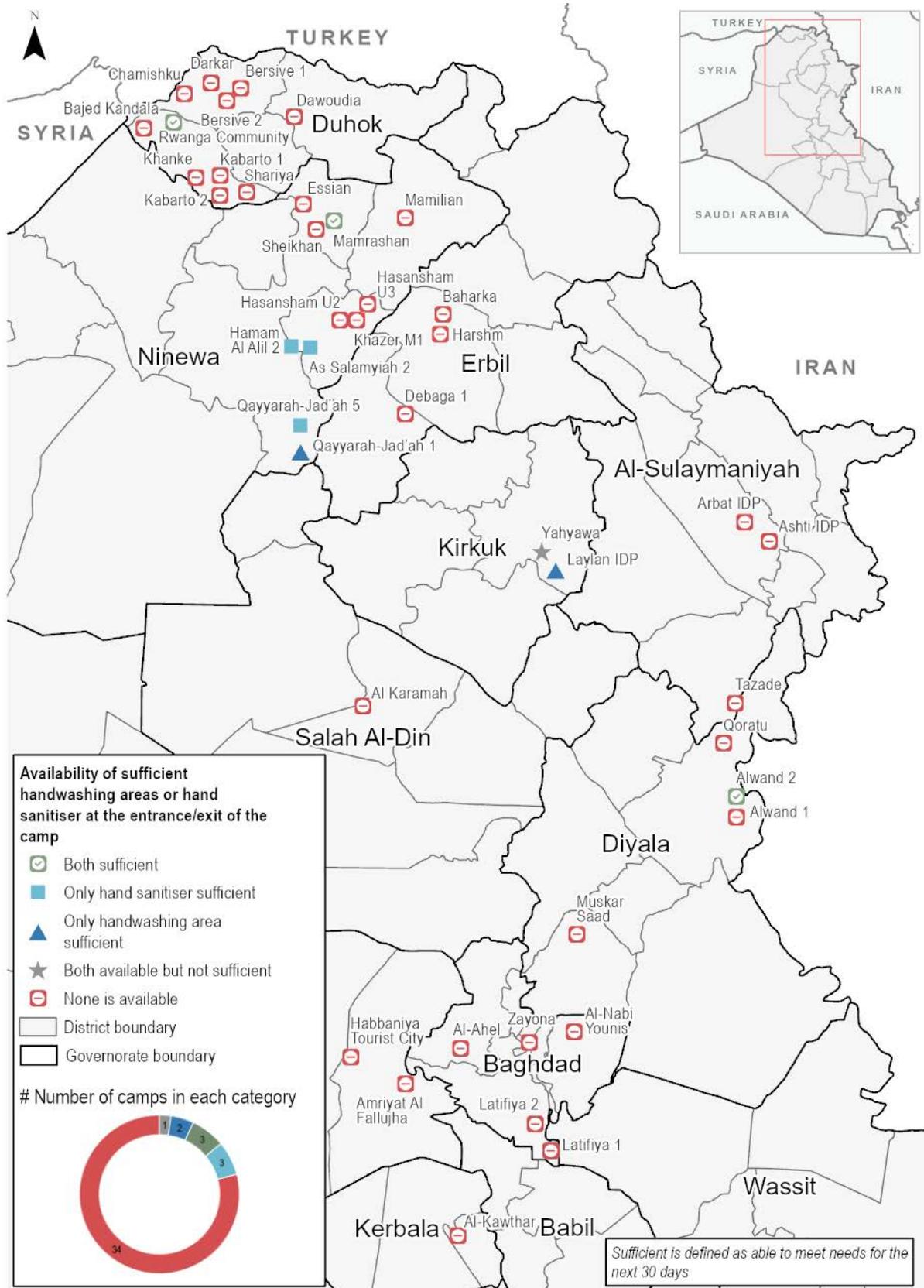
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ANNEX I: Additional Maps

Map 13 Availability of sufficient handwashing at the entrance and exit of the camp





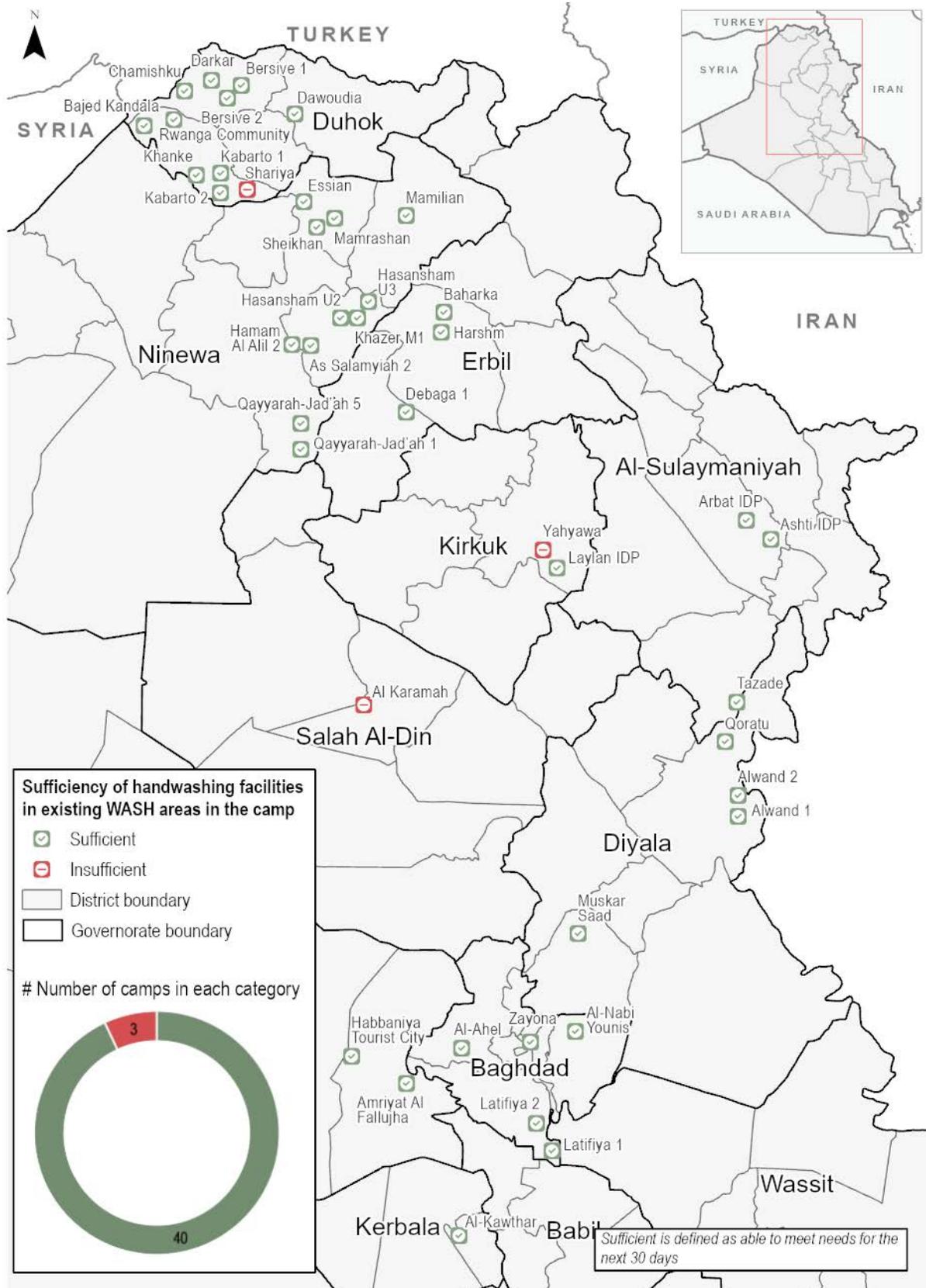
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Map 14: Availability of sufficient handwashing facilities in existing WASH areas





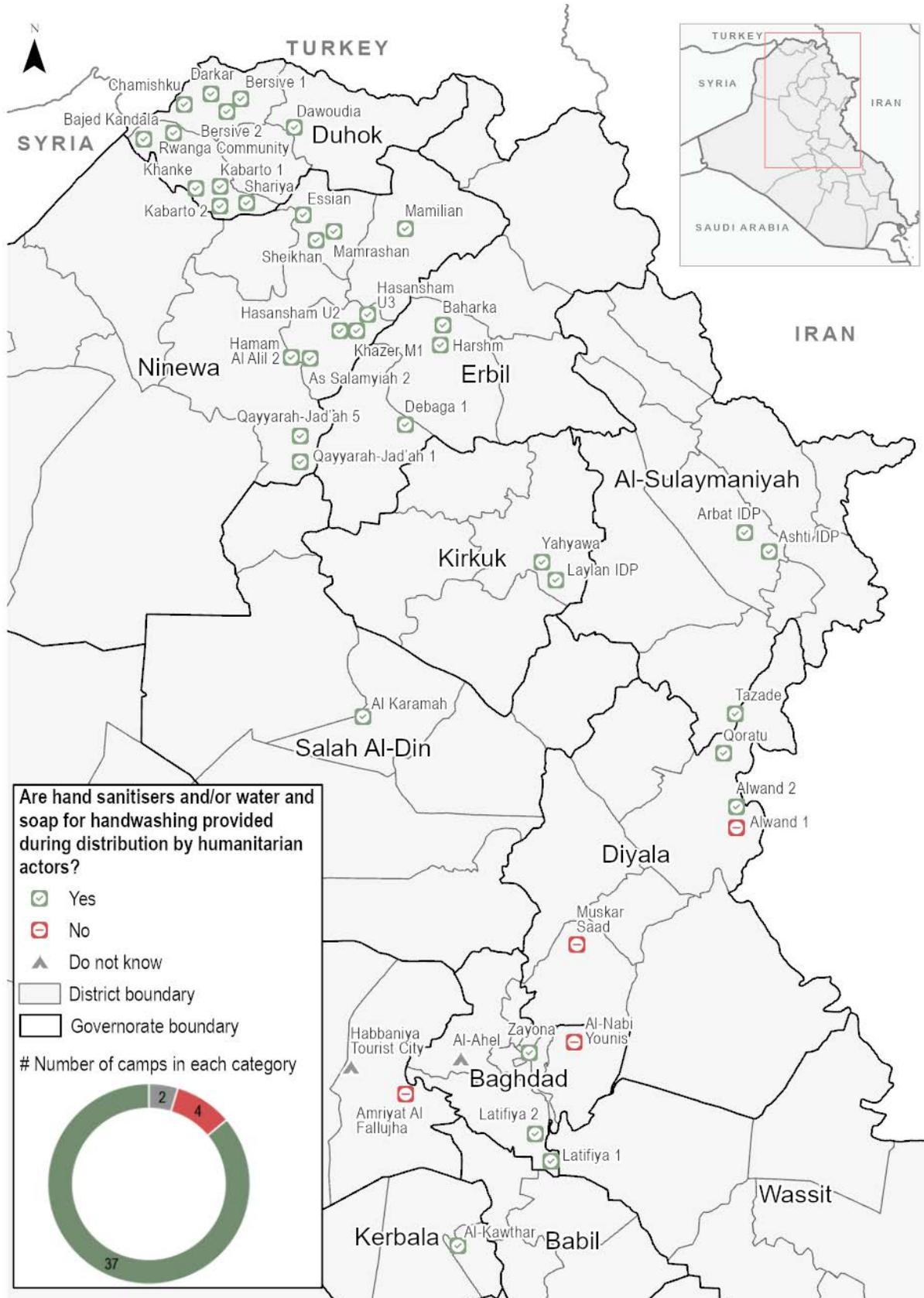
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Map 15: Hand sanitisers and handwashing were provided during humanitarian distributions





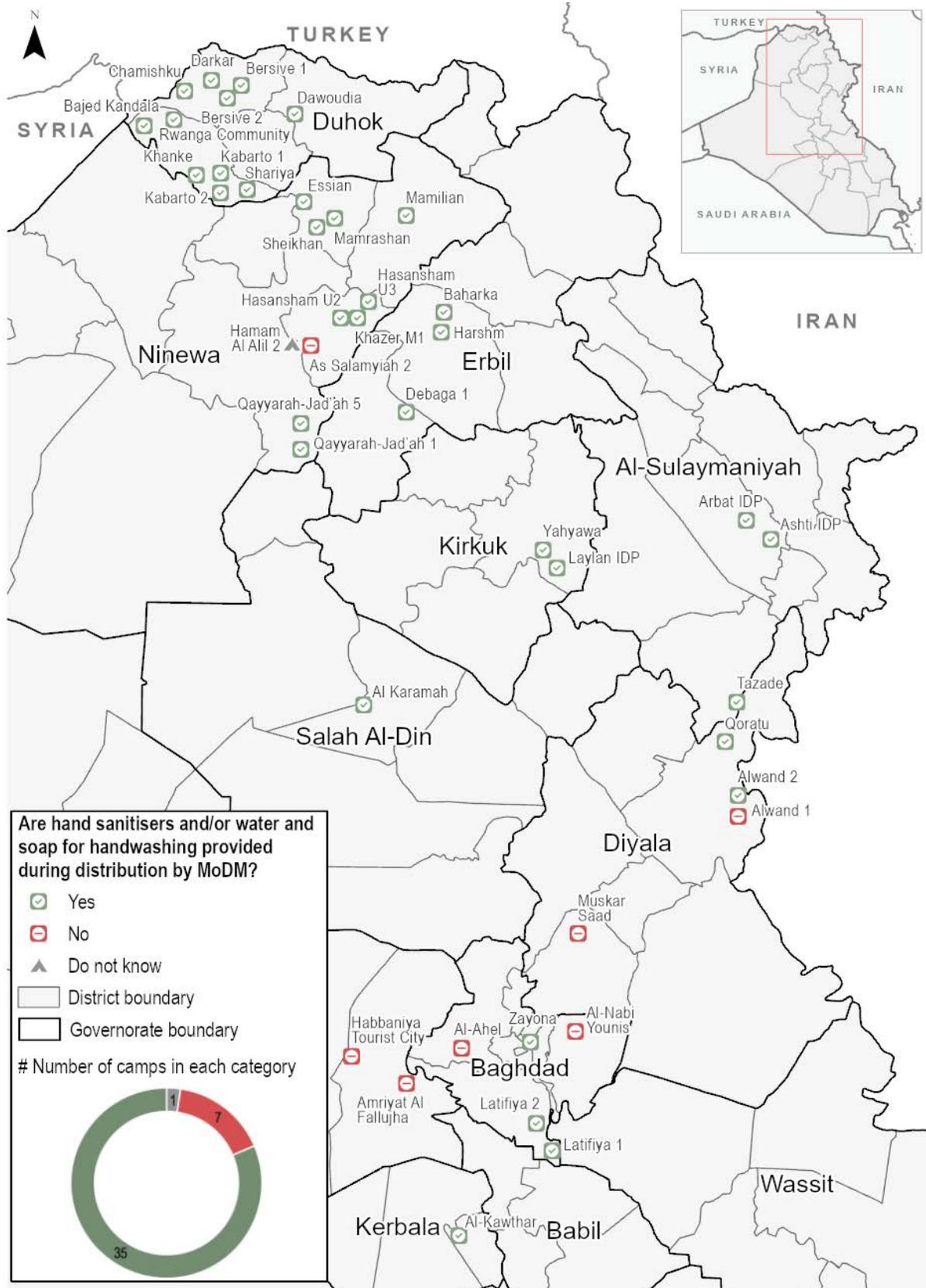
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Map 16: Hand sanitisers and handwashing were provided during MoDM distributions





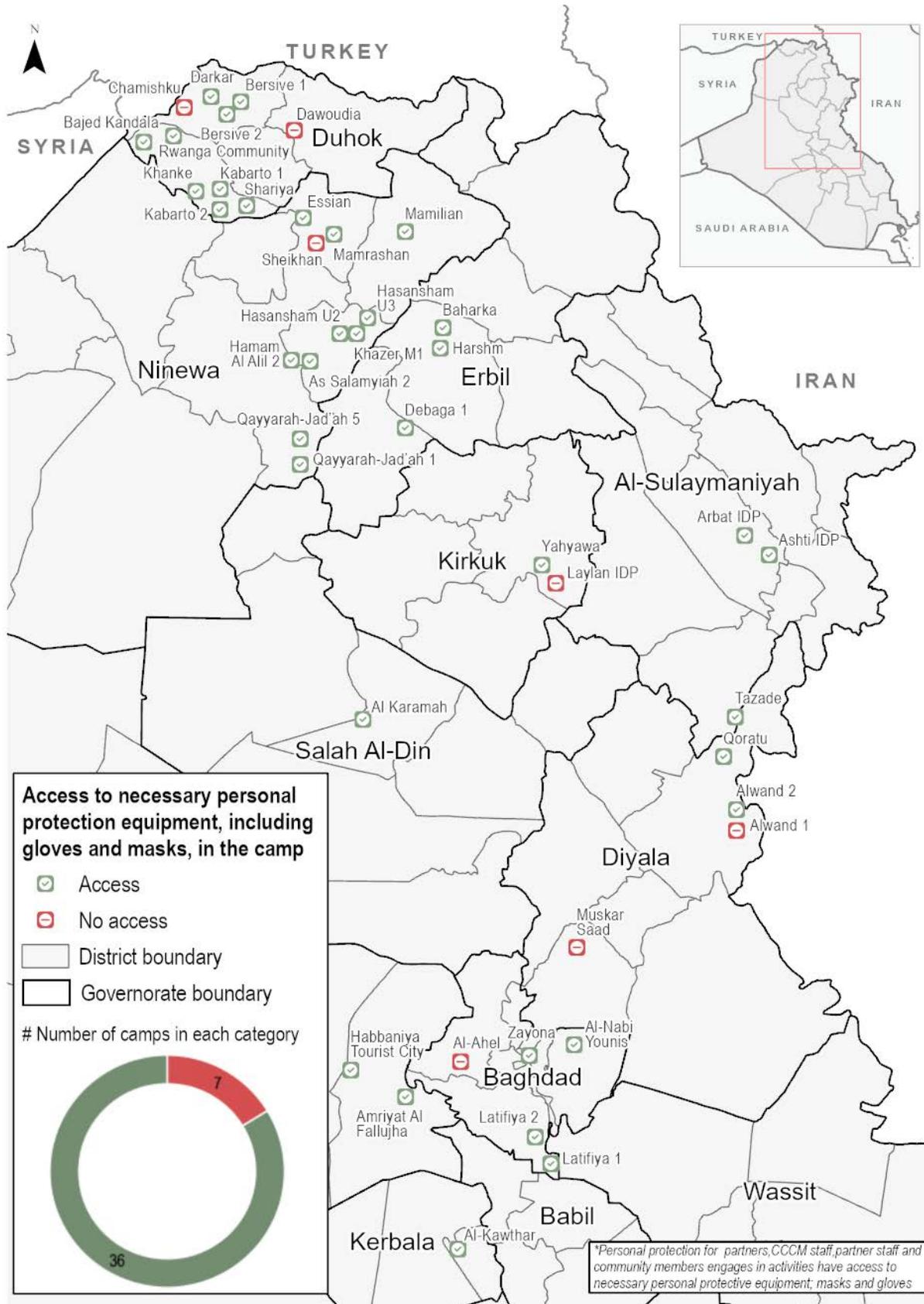
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Map 17: Access to necessary personal protection equipment in the camp





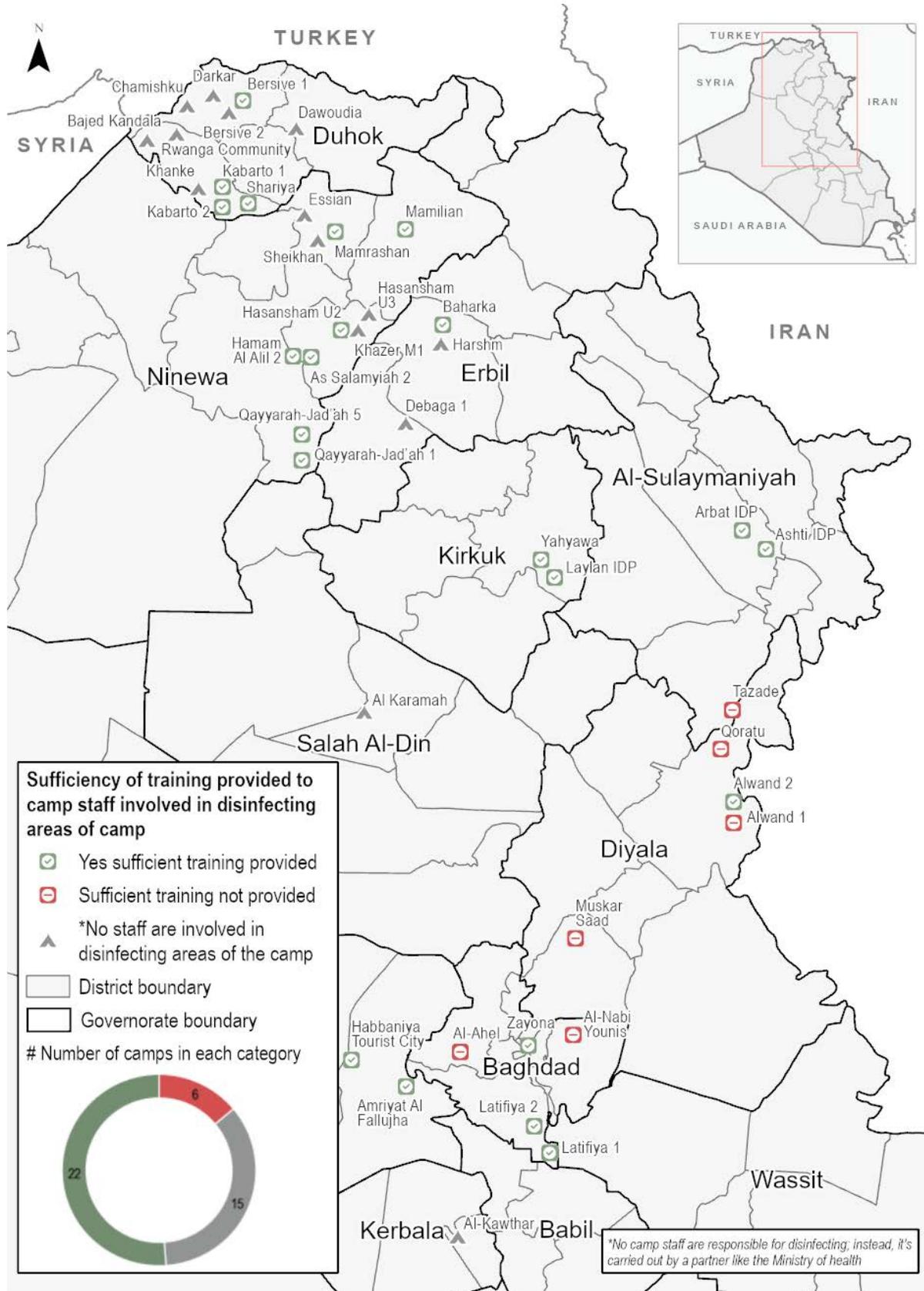
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Map 18: Enough training provided for the cleaning staff disinfecting camp areas





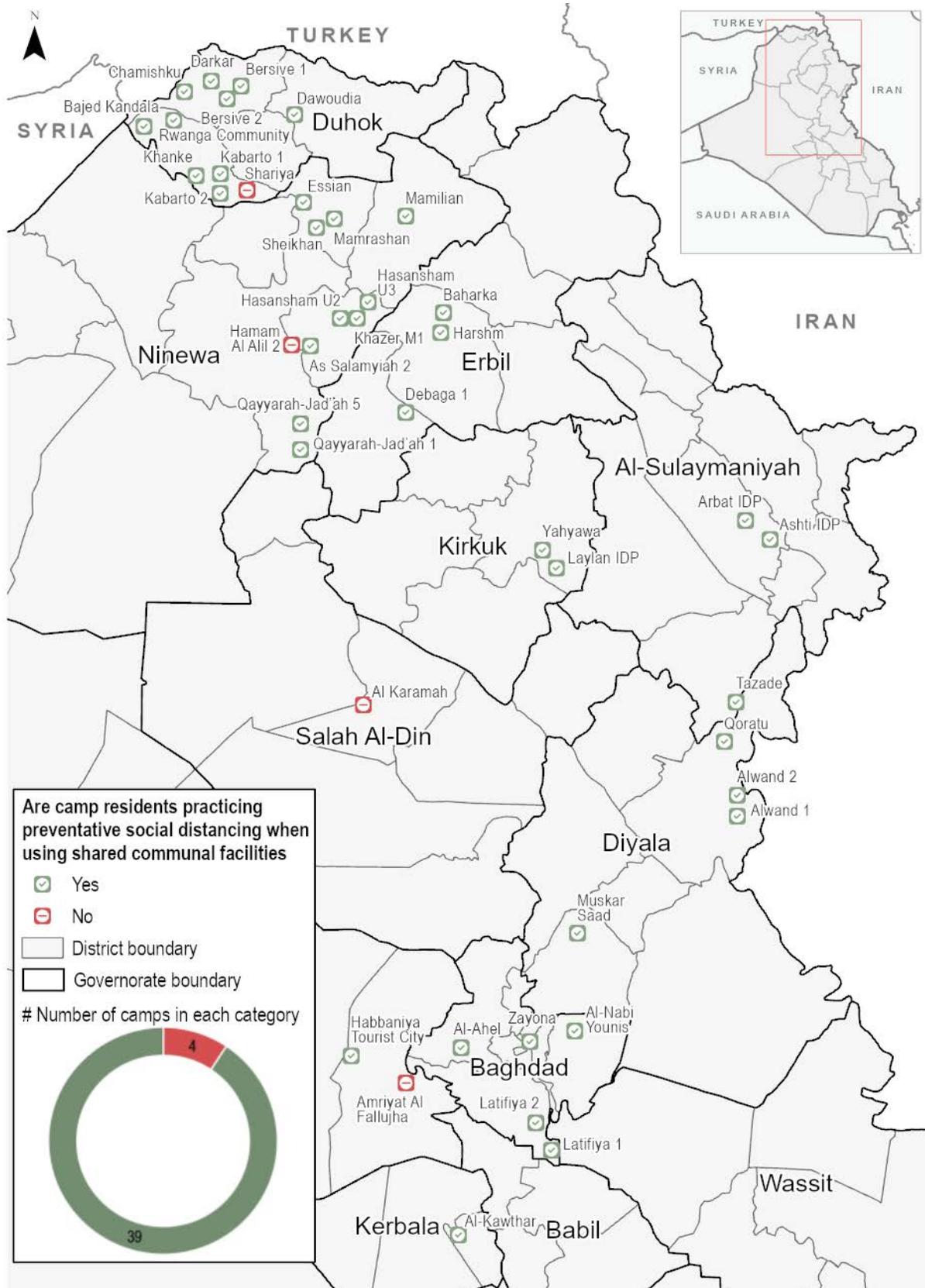
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Map 19: Camp residents complying with COVID-19 preventive measures of practising social distancing





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Map 20: Availability of masks for patients with respiratory problems in the camp

