Background and Methodology

Since the beginning of the COVID-19 outbreak in Iraq, vulnerable displaced families, including refugees, have been among those most affected by the virus. In February 2020, Iraq reported its first confirmed case of COVID-19, and according to the World Health Organization (WHO), as of 31 July 2020, 124,609 cases had been recorded throughout the country, with 32,434 cases still considered active at the time. As insecurity continues in Syria, refugees continued to cross the border from Syria into the Kurdistan Region of Iraq (KR-I) until all border crossings were closed on 2 March 2020. New refugee arrivals were sent to Bardarash Camp, a former Internally Displaced Person (IDP) camp, semi-decommissioned in December 2017 and re-opened in October 2019.

To support aid actors to make informed decisions to provide residents with adequate and effective services, assistance and information, REACH aims to assess the impact of COVID-19 movement restrictions on the residents of Bardarash Camp as among the primary concerns raised by displaced populations in Iraq is the inability to access livelihood opportunities, education and health care. REACH aims to identify the compounding effects of country-wide COVID-19 movement restrictions on Bardarash Camp.

To prevent spread and contraction of COVID-19, data collection took place via phone interviews on July 28 and July 29, 2020. In total, 74 interviews with Bardarash camp residents were carried out during this period, with REACH enumerators undertaking the phone calls remotely. Phone numbers were randomly selected from a list provided by UNHCR. Findings are representative for the Bardarash population with a 90% confidence interval and 10% margin of error.

Camp population: 14,031 individuals

Demographics

- % female respondents: 30%
- % respondents self identifying as head of household: 85%
- Average household size: 3.3
- Average respondent age: 32.5

Displacement Profile

- Most commonly reported reasons for leaving area of origin:
  - Arrival of military presence in the area: 69%
  - Airstrikes in the area: 58%
  - Lack of livelihood: 53%
  - Arrival of military presence in neighborhood: 43%
  - Fear of conscription: 37%
  - Other homes in village were destroyed: 30%
  - Own home was destroyed: 24%
  - Returning to KR-I from planned travel: 8%

- % of respondents reporting that family members were left behind in Syria: 39%
- % of respondents reporting that family members were left behind in Syria, % reporting that these family members will join soon: 52%
- % of respondents reporting that they were already living in displacement in Syria prior to moving to KR-I: 49%

% respondents by Syrian governorate of origin:

<table>
<thead>
<tr>
<th>Governorate</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Al-Hasakeh</td>
<td>73%</td>
</tr>
<tr>
<td>Aleppo</td>
<td>15%</td>
</tr>
<tr>
<td>Ar-Raqqa</td>
<td>9%</td>
</tr>
<tr>
<td>Rural Damascus</td>
<td>3%</td>
</tr>
</tbody>
</table>

3 North East Syria update - October 2019 - April 2020. UNHCR.
4 Multiple options could be selected, therefore findings may exceed 100%.
COVID-19 Impact Assessment
Bardarash refugee camp - Iraq

July 2020

Most commonly reported districts of origin in Syria:

1. Quamishli, Al-Hasakeh governorate (32%)
2. Ras Al Ain, Al-Hasakeh governorate (28%)
3. Ain Al Arab, Aleppo governorate (10%)
4. Tell Abaid, Ar-Raqqa governorate (10%)
5. Al-Hasekeh, Al-Hasakeh governorate (7%)

Most commonly reported means of receiving information regarding the situation in area of origin or location of intended residence: 4

- Contacts in country of origin: 70%
- Social media: 38%
- Do not know: 16%

% of respondents reporting having plans for onwards travel to another country (other than Iraq):

54%

% of respondents reporting having plans for further travel within Iraq:

44%

4 Multiple options could be selected, therefore findings may exceed 100%.
COVID-19 Impact Assessment
Bardarash refugee camp - Iraq

Communal infrastructure and health services

% of respondents reporting that the following communal areas have remained operational and accessible for camp residents since the start of the COVID-19 lockdown measures:

- Schools: 27%
- Child friendly spaces: 27%
- Women’s centres: 23%
- Community centres: 16%
- Religious facilities: 7%
- Exercise facilities: 5%

100% of respondents reported that primary health services were available for camp residents at the time of assessment.

% of respondents reporting the following effects on health facilities since the start of the COVID-19 lockdown measures:

- More time spent waiting: 38%
- Less equipment available: 34%
- No effects: 22%
- More people waiting: 20%
- Less hours of operation: 5%

% of respondents reporting no signs of respiratory symptoms among household members in the month prior to data collection: 97%

78% of respondents reported that child health services are available at healthcare centres within the camp.

Of those respondents, % indicating the following child health services as available:

- Immunization: 93%
- Nutrition programs: 67%
- Growth monitoring services: 52%

% of respondents reporting at least one household member suffers from a chronic health condition: 23%

Of those respondents, % indicating a change in quantity of medicine since the COVID-19 lockdown measures were imposed:

- Quantity increased: 35%
- No change: 35%
- Quantity decreased: 24%
- Do not know: 6%

Multiple options could be selected, therefore findings may exceed 100%.

Reported regularity of available health clinics:

- Open several times per week: 60%
- Open daily: 40%

8% of respondents reported presence of mobile health clinics to service camp residents.

% of respondents reporting no change in the opening hours of health facilities since the start of the COVID-19 lockdown measures: 73%

% of respondents reporting that referral to secondary health care has been available for camp residents since the start of the COVID-19 lockdown measures:

- Both emergency and elective referrals: 60%
- Only emergency referrals: 24%
- Do not know: 15%
- No referrals possible: 1%

19% of respondents reported that sexual and reproductive health services are available at healthcare centres within the camp.

Of those respondents, % indicating a change in quantity of medicine since the COVID-19 lockdown measures were imposed:

- Quantity increased: 35%
- No change: 35%
- Quantity decreased: 24%
- Do not know: 6%
Mental health and psychosocial support (MHPSS)

% of respondents reporting that MHPSS services have been available to camp residents since the start of the COVID-19 lockdown measures: 58%

Of those respondents reporting availability of MHPSS services, % reporting the following changes in access since the start of the COVID-19 lockdown measures:

- 56% There has always been access
- 16% More access
- 14% Less Access
- 14% Do not know

Of those respondents reporting availability of MHPSS services, % reporting the following changes in availability of MHPSS facilitators since the start of the COVID-19 lockdown measures:

- 60% No change in availability
- 19% Availability increased
- 12% Do not know
- 9% Availability decreased

% of respondents reporting that, during the 30 days prior to data collection, their household had employed the following coping mechanisms, or that these mechanisms had already been exhausted:

- Buying food through credit or borrowed money: 81%
- Selling household property: 30%
- Spending savings: 26%
- Changing place of residence to reduce expenses: 16%
- Accepting adult males engage in risky behaviour: 8%
- Children under 18 work to provide resources: 7%
- Accepting adult females engage in risky behaviour: 6%
- Family members returning to Syria: 5%
- Child marriage: 3%

Of those respondents reporting availability of MHPSS services, % reporting that a member of their household had received MHPSS support in the camp since the start of the COVID-19 lockdown measures: 72%

Of those respondents reporting having received MHPSS support, reported type of support received:

- 94% Awareness raising
- 26% Sustained and structured psychosocial support (PSS)
- 16% Counselling sessions
- 7% Social cohesion sessions

Of those respondents reporting receiving MHPSS support, % reporting that these activities are helping household members cope with the current situation: 97%

Of those respondents reporting having received MHPSS support, the most commonly reported types of further support needed:

- 55% Awareness raising
- 52% Counselling sessions
- 42% Case management
- 29% Sustained and structured PSS
- 10% Social cohesion sessions

% of respondents reporting at least one child in their household: 65%

Of these respondents, % reporting having observed a change in their child’s behaviour since the start of the COVID-19 lockdown: 29%

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6 Multiple options could be selected, therefore findings may exceed 100%.
7 Of respondents reporting having observed a change in their child’s behaviour, type of behaviour changes observed (open answer responses): upset, anger, depression, sadness, aggression, nervousness, isolation, does not listen.
% of respondents reporting that their household has faced greater challenges in the 3 months prior to data collection, resulting from the COVID-19 lockdown measures: 82%

Access to cash and markets

% of respondents reporting that their household is able to access cash to purchase goods: 81%

Most commonly reported means of accessing cash: 8

- Job pays cash: 76%
- Mobile phone service: 24%
- Hawala representative: 17%
- Remittance office: 16%
- Other: 10%

% of respondents reporting that they are able to leave the camp to purchase essential goods: 20%

% of respondents reporting markets have COVID-19 preventative measures in place: 74%

Of those respondents reporting having faced greater challenges, most commonly reported types of challenges faced: 8

- Financial challenges: 100%
- Social challenges: 59%
- Family challenges: 18%
- Educational challenges: 16%

% of respondents reporting that their household is able to purchase all essential goods inside Bardarash camp: 89%

% of respondents reporting changes to the availability of essential goods since the start of the COVID-19 lockdown measures:

- Goods less available: 50%
- No change: 23%
- Goods more available: 18%
- Do not know: 7%

% of respondents reporting changes to prices of essential goods since the start of the COVID-19 lockdown measures:

- 64% reported small increases in prices, while 17% reported large increases in prices.

Of those respondents reporting changes in prices, 83% reported small increases in prices, while 17% reported large increases in prices.

Of those respondents reporting price increases, most commonly reported items that have had increased prices since the start of the COVID-19 lockdown measures: 8

- Food: 100%
- Health supplies or medicines: 77%
- Child and baby items: 38%
- Soap and shampoo: 21%

Multiple options could be selected, therefore findings may exceed 100%.

Essential goods include food, health supplies or medicines, children’s items, soap and shampoo, feminine hygiene products, water buckets, toothbrushes and toothpaste, towels and washcloths.