



COVID-19 Impact Assessment

Bardarash refugee camp - Iraq

July 2020

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.¹ 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.² 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 2019.³

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.¹ 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.

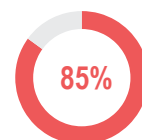
Camp population: 14,031 individuals³

Demographics

% female respondents:



% respondents self identifying as head of household:



Average household size:

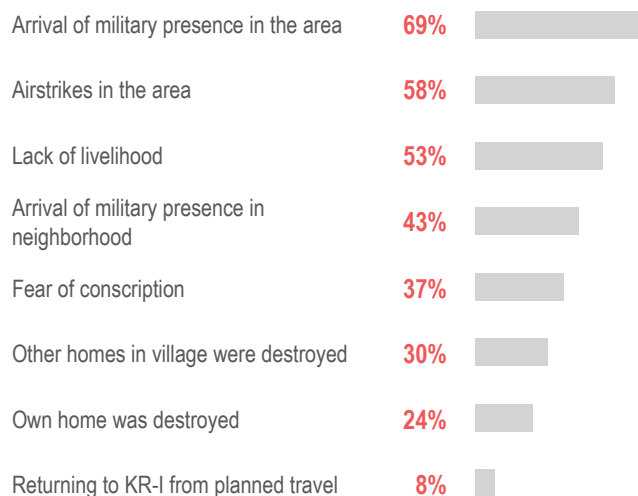
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Average respondent age:

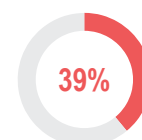
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Displacement Profile

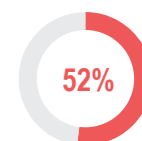
Most commonly reported reasons for leaving area of origin:³



% of respondents reporting that family members were left behind in Syria:



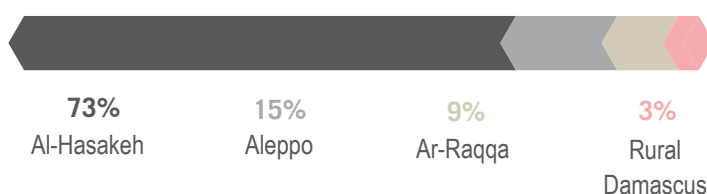
Of respondents reporting that family members were left behind in Syria, % reporting that these family members will join soon:



% of respondents reporting that they were already living in displacement in Syria prior to moving to KR-I:



% respondents by Syrian governorate of origin:



¹ UNHCR COVID-19 Update, 4 August 2020. Accessed 13 September 2020.
² Coronavirus disease (COVID-19) Dynamic Infographic Dashboard for Iraq. World Health Organization. Accessed 13 September 2020
³ North East Syria update - October 2019 - April 2020. UNHCR.
⁴ Multiple options could be selected, therefore findings may exceed 100%.



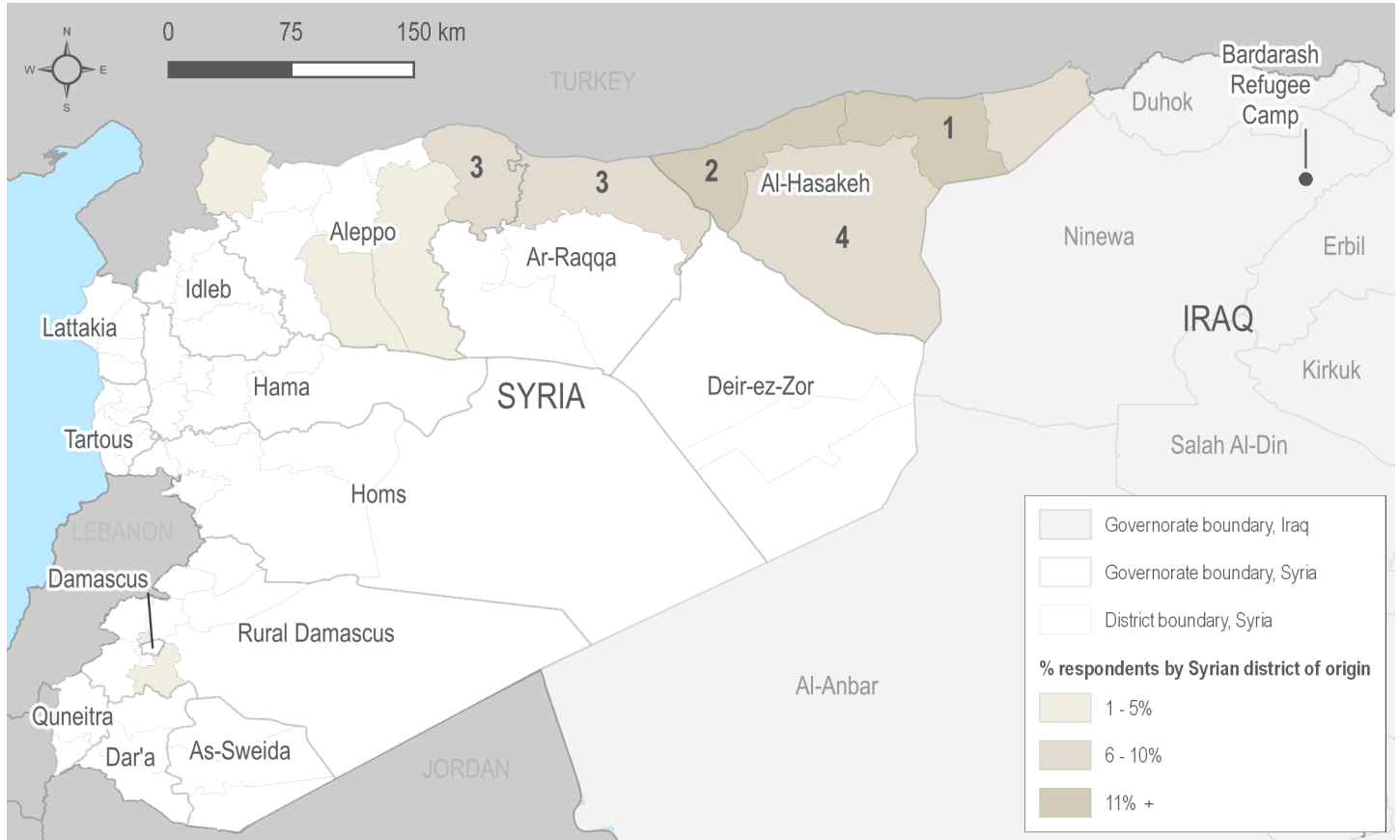
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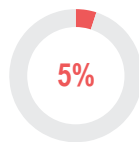
Most commonly reported districts of origin in Syria:

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

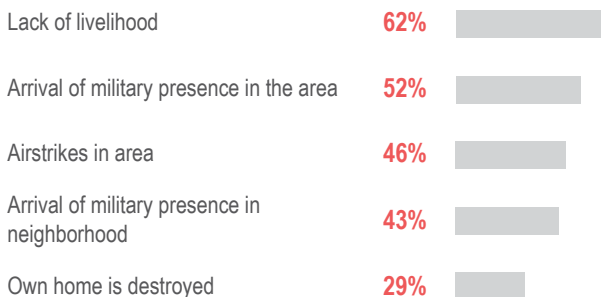


Movement Intentions

% of respondents reporting considering to return to Syria due to the COVID-19 restrictions in place in Bardarash:



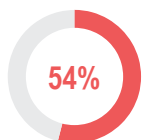
Of those respondents who have not considered returning to Syria, most commonly cited reasons:⁴



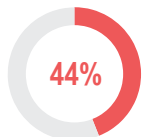
Most commonly reported means of receiving information regarding the situation in area of origin or location of intended residence:⁴



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



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



⁴ Multiple options could be selected, therefore findings may exceed 100%.



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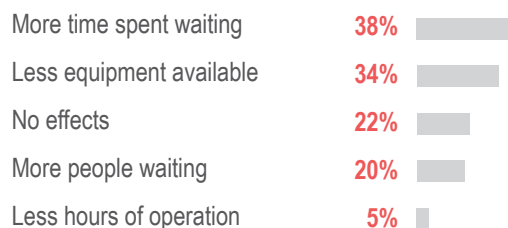
Communal infrastructure and health services

% 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:

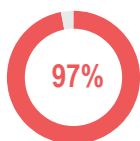


100% of respondents reported that primary health services were available for camp residents at the time of assessment.

% of respondents reporting the following effects on health facilities since the start of the COVID-19 lockdown measures:⁵

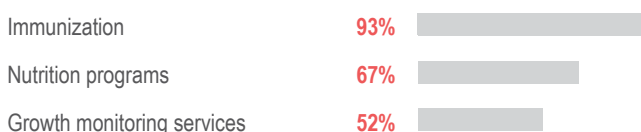


% of respondents reporting no signs of respiratory symptoms among household members in the month prior to data collection:

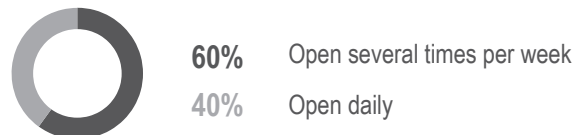


78% of respondents reported that child health services are available at healthcare centres within the camp.

Of those respondents, % indicating the following child health services as available:⁵

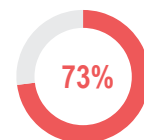


Reported regularity of available health clinics:

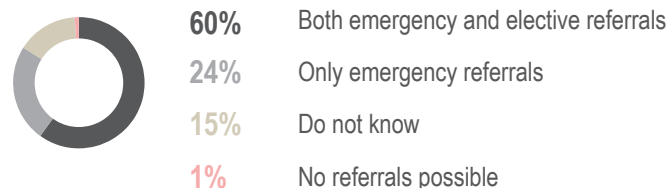


8% of respondents reported presence of mobile health clinics to service camp residents

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

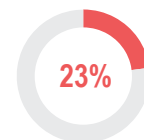


% of respondents reporting that referral to secondary health care has been available for camp residents since the start of the COVID-19 lockdown measures:

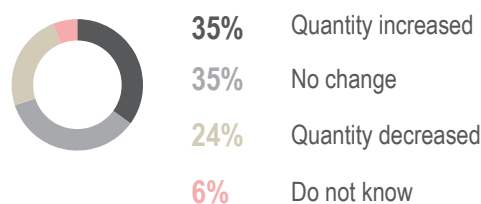


19% of respondents reported that sexual and reproductive health services are available at healthcare centres within the camp.

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



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



⁵ Multiple options could be selected, therefore findings may exceed 100%.



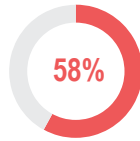
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Mental health and psychosocial support (MHPSS)

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



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:

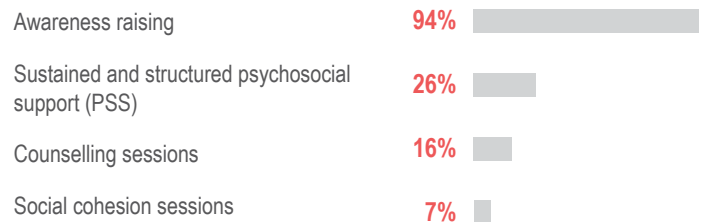


Of those respondents reporting availability of MHPSS services, % reporting the following changes in access since the the start of the COVID-19 lockdown measures:



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

Of those respondents reporting having received MHPSS support, reported type of support received: ⁶

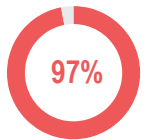


Of those respondents reporting availability of MHPSS services, % reporting the following changes in availability of MHPSS facilitators since the start of the COVID-19 lockdown measures:



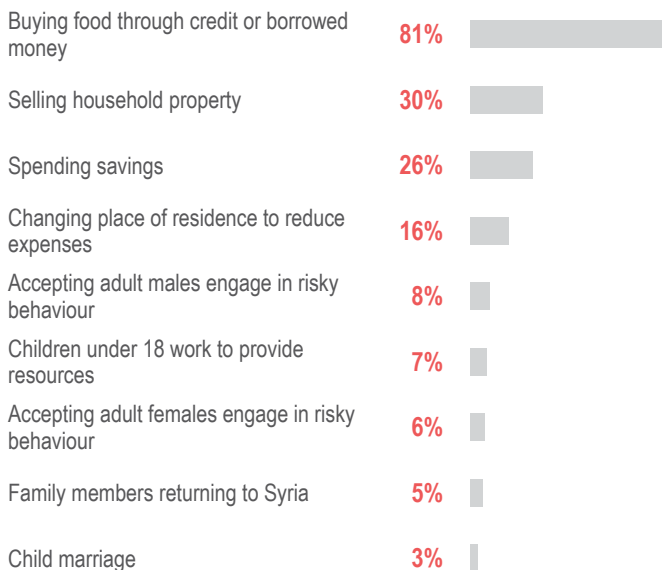
- 60% No change in availability
- 19% Availability increased
- 12% Do not know
- 9% Availability decreased

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

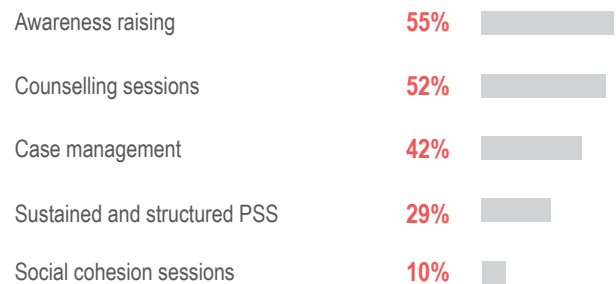


Of those respondents reporting having received MHPSS support, 100% reported receiving support through face-to-face sessions.

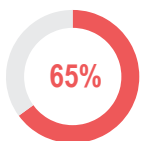
% of repondents reporting that, during the 30 days prior to data collection, their household had employed the following coping mechanisms, or that these mechanisms had already been exhausted:⁶



Of those respondents reporting having received MHPSS support, the most commonly reported types of further support needed: ⁶



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



Of these respondents, % reporting having observed a change in their child's behaviour since the start of the COVID-19 lockdown: ⁷



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.

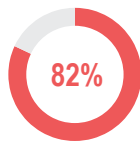


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% of respondents reporting that their household has faced greater challenges in the 3 months prior to data collection, resulting from the COVID-19 lockdown measures:



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



Access to cash and markets

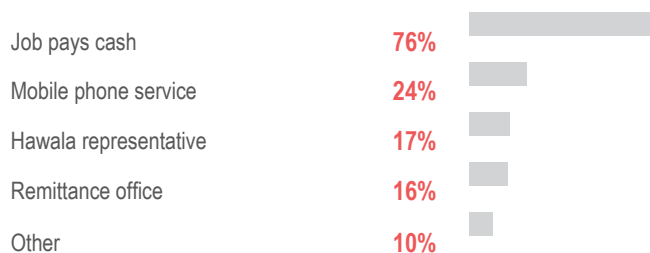
% of respondents reporting that their household is able to access cash to purchase goods:



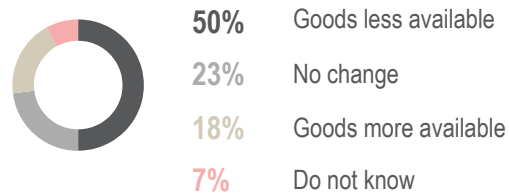
% of respondents reporting that their household is able to purchase all essential goods⁹ inside Bardarash camp:



Most commonly reported means of accessing cash: ⁸



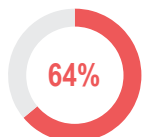
% of respondents reporting changes to the availability of essential goods⁹ since the start of the COVID-19 lockdown measures:



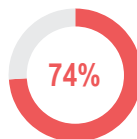
% of respondents reporting that they are able to leave the camp to purchase essential goods⁹:



% of respondents reporting changes to prices of essential goods⁹ since the start of the COVID-19 lockdown measures:



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



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

Of those respondents, most commonly reported COVID-19 preventative measures implemented at markets: ⁸



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



⁸ Multiple options could be selected, therefore findings may exceed 100%.

⁹ 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.