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.

4 For more information on conditions in formal camps in Iraq, please refer to the IDP Camp Directory Round XII 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.
Map 1: Camps coverage map
### Comparative Overview of Key Indicators Regarding Camp Preparedness

<table>
<thead>
<tr>
<th>Region</th>
<th>Preparedness Plan</th>
<th>Access to Testing in Designated Hospital</th>
<th>Sufficient Handwashing in WASH Facilities to Meet Residents’ Needs</th>
<th>Active Communication About C-19 Preventive Measures</th>
<th>Primary Healthcare Services Available to Residents Within Camp</th>
<th>Impact of Lockdown on distributions in camps, with delays or cancellations.</th>
<th>Quarantine areas being set up in the camp</th>
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* 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.
## COMPARATIVE OVERVIEW OF KEY INDICATORS REGARDING CAMP PREPAREDNESS

<table>
<thead>
<tr>
<th>Camp</th>
<th>Presence of a preparedness and response plan in the camp</th>
<th>Access to disability in designated hospital</th>
<th>Sufficient handwashing in WASH facilities to meet residents needs</th>
<th>Active communicating about COVID-19 preventive measures</th>
<th>Primary healthcare services available for residents within the camp</th>
<th>Impact of lockdown on distributions, with delays or cancellations?</th>
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* 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.

^ Declined to answer.
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* 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.

having a Preparedness Plan, but having one under development.
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 Response Plan.

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<th>Preparedness and Response Plan</th>
<th>Number of KIs by status of Preparedness and Response Plan at the time of data collection</th>
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<td>✖️</td>
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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

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

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:

- 10/20 Identifying vulnerable groups to COVID-19.
- 15/20 A protocol to remotely manage the camp in the event that the camp management could not access the camp.
- 15/20 A protocol to remotely manage the camp if humanitarian partners providing assistance could not access the camp.

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.
Map 2: Preparedness plan and remote management
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.

- **Had access**: 33/43
- **No access**: 10/43

- 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 handwasing facilities in existing WASH areas of the camp:

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

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

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

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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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

Camp access to COVID-19 testing
Access to Test in designated hospital, Ambulance for transfer, isolated area before transfer to health facility outside the camp
- All available
- Test in designated hospital and ambulance transportation only
- Test in designated hospital and isolated area only
- Test in designated hospital only
- No designated hospital to transfer residents

# Number of camps in each category

<table>
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<th>Category</th>
<th>Number</th>
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<tr>
<td>Test in designated hospital and ambulance transportation only</td>
<td>22</td>
</tr>
<tr>
<td>Test in designated hospital and isolated area only</td>
<td>10</td>
</tr>
<tr>
<td>Test in designated hospital only</td>
<td>3</td>
</tr>
<tr>
<td>No designated hospital to transfer residents</td>
<td>0</td>
</tr>
</tbody>
</table>
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). 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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>38/43</td>
<td>4/43</td>
<td>1/43</td>
</tr>
</tbody>
</table>

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

- 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:

- 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.

7 Declined to answer.

8 In this report we consider a two-way communications channel a communication channel that allows camp residents to communicate and provide feedback to the camp management.
Map 4: Camps where the camp management was actively communicating COVID-19 preventive measures
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), 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
- Community centres
- Women’s centres
- Child friendy spaces
- Athletic or recreational areas or facilities
- Religious facilities

Primary healthcare services outside and inside the camp

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

- 37/43 Primary healthcare within the camp (static clinic)
- 15/43 Primary healthcare outside the camp
- 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
  - 28/41 Clinic open all day
  - 12/41 Clinic open everyday for at least 2h
  - 1/41 Decline to answer

- Emergency services availability in primary healthcare clinics
  - 34/41 Available
  - 6/41 Not available
  - 1/41 Decline to answer

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:

- 39/43 Available
- 2/43 Partially unavailable (reasons unrelated to COVID-19)
- 1/43 Partially unavailable due to COVID-19
- 1/43 Decline to answer

*K Question allowed multiple responses.

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

Camps with health facilities providing emergency services or care:
- Emergency services available
- No emergency services available
- No health facilities in camp

District boundary
Governorate boundary

# Number of camps in each category:
- 34
- 6
- 2
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:

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

Number of KIs reporting the availability of cash.

<table>
<thead>
<tr>
<th>Available</th>
<th>Never available</th>
</tr>
</thead>
<tbody>
<tr>
<td>30/43</td>
<td>4/43</td>
</tr>
<tr>
<td>Sometimes Available</td>
<td>N/A 1/43</td>
</tr>
</tbody>
</table>

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

- 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:

- Marketplaces (>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:

- 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:

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

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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
Map 6: Cash availability for camp residents

Consistent cash withdrawal from locations by camp residents since the COVID-19 lockdown restrictions

- Yes available
- Sometimes available
- No
- Do not know

# Number of camps in each category
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:

- **No impact** 21/43
- **Delayed** 20/43
- **Cancelled** 1/43
- **Delayed and cancelled** 1/43

### Types of distribution experiencing delays:
- Cash: 15/21
- MoDM food distribution: 10/21
- Hygiene kits: 5/21
- WFP voucher/cash/in-kind: 5/21

### Types of distribution experiencing cancellations:
- 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:

- Phased attendance: 18/34
- Block-by-block distribution: 13/34
- Tent-by-tent distribution: 3/34

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

- Phased attendance: 21/37
- Block-by-block distribution: 13/37
- Tent-by-tent distribution: 3/37

### Preventive measures during distribution

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

- **Humanitarian distributions**
  - Staff: 42/43
  - Sanitisers and/or handwashing: 37/43
  - Beneficiaries: 14/43

- **MoDM distributions**
  - Staff: 42/43
  - Sanitisers and/or handwashing: 35/43
  - Beneficiaries: 15/43

*Question allowed multiple responses.*
Map 7: Humanitarian distribution adaptations to COVID-19 preventive measures

Adaptation of distribution by humanitarian actors to prevent COVID-19

- Tent-by-tent
- Block-by-Block
- Phased attendance
- Process of distribution not adapted

Legend:
- District boundary
- Governorate boundary
- Number of camps in each category

Legend:
- 1
- 2
- 3
- 4
- 5

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Map 7: Humanitarian distribution adaptations to COVID-19 preventive measures
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May 2020

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

Adaptation of distribution by Ministry of Displacement and Migration (MoDM) to prevent COVID-19
- Tent-by-tent
- Block-by-block
- Phased attendance
- Process of distribution not adapted

District boundary
Governorate boundary

# Number of camps in each category:
- 3
- 6
- 13
- 21
Map 9: Cancelled or delayed distributions due to COVID-19
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

<table>
<thead>
<tr>
<th>Number of KIs reporting changes to camp visits policies:</th>
<th>Number of KIs reporting movement restrictions outside the camp for camp residents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>20/43 Only local authorities, service/aid providers</td>
<td>23/43 All movement forbidden (except emergencies)</td>
</tr>
<tr>
<td>14/43 All visits forbidden</td>
<td>12/43 Partial restrictions</td>
</tr>
<tr>
<td>9/43 No changes to camp visits</td>
<td>8/43 No restrictions of movement</td>
</tr>
</tbody>
</table>

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.

### Quarantine areas within the camps

<table>
<thead>
<tr>
<th>Number of KIs reporting the availability of quarantine areas within the camp:</th>
<th>The most commonly reported locations of quarantine areas according to the KIs reporting having established a quarantine area within the camp (10/43): $^6$</th>
</tr>
</thead>
<tbody>
<tr>
<td>18/43 None but alternatives were available (outside)</td>
<td>• Empty shelter(s): 5/10</td>
</tr>
<tr>
<td>11/43 None, and not intending to establish one</td>
<td>• Closed sub-camp or neighboring camp: 2/10</td>
</tr>
<tr>
<td>10/43 Yes, a quarantine area was established</td>
<td>• Unused or empty sector: 2/10</td>
</tr>
<tr>
<td>4/43 Quarantine area was not feasible</td>
<td>2/10 KIs reported having an isolation/quarantine area in the camp as a contingency plan for mild COVID-19 symptoms.</td>
</tr>
</tbody>
</table>

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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New arrivals, Quarantine and Self-isolation Protocols

Map 10: KIs reporting camp visits restrictions
New arrivals, Quarantine and Self-isolation Protocols

Map 11: KIs reporting movement restrictions outside the camp

Restrictions on out-of-camp movement for in-camp residents

- No restrictions
- Partial restrictions on movement
- No movement except for emergencies

District boundary
Governorate boundary

# Number of camps in each category

- 8
- 12
- 23

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Map 12: Presence of a standard quarantine areas for new arrivals or individuals reentering the camp.
Map 13: Availability of sufficient handwashing at the entrance and exit of the camp.
Map 14: Availability of sufficient handwashing facilities in existing WASH areas
Map 15: Hand sanitisers and handwashing were provided during humanitarian distributions
Map 16: Hand sanitisers and handwashing were provided during MoDM distributions.

Are hand sanitisers and/or water and soap for handwashing provided during distribution by MoDM?

- Yes
- No
- Do not know

District boundary
Governorate boundary

# Number of camps in each category

36
7
Map 17: Access to necessary personal protection equipment in the camp

Access to necessary personal protection equipment, including gloves and masks, in the camp

- Access
- No access
- District boundary
- Governorate boundary

# Number of camps in each category

- 36
- 1

Personal protection for partners, CCCM staff, police, staff and community members engaged in activities have access to necessary personal protective equipment, masks and gloves.
Map 18: Enough training provided for the cleaning staff disinfecting camp areas

Sufficiency of training provided to camp staff involved in disinfecting areas of camp
- Yes sufficient training provided
- Sufficient training not provided
- *No staff are involved in disinfecting areas of the camp

District boundary
Governorate boundary
# Number of camps in each category

*No camp staff are responsible for disinfecting. Instead, it's carried out by a partner like the Ministry of Health.
Map 19: Camp residents complying with COVID-19 preventive measures of practising social distancing
Map 20: Availability of masks for patients with respiratory problems in the camp

Camp managers reported that medical masks were provided and used by patients with respiratory symptoms.

- Yes
- No

District boundary
Governorate boundary

# Number of camps in each category

- Yes: 8
- No: 35

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