THE ROLE OF LOCAL GOVERNMENT IN COMBATING THE CRISIS OF COVID-19 PANDEMIC IN ERBIL – IRAQ

IRAK ERBIL'DE COVID-19 SALGINI KRİZİYLE MÜCADELEDE YEREL YÖNETİMİN ROLÜ

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Abstract

We live in a continuously affected society by natural disasters, such as an epidemic, diseases, earthquakes, storms, floods, and organizational crises. Regardless of where you live or the work you do, many types of crises can significantly disrupt life. The objective of the study is to identify the role of the local government to confront COVID-19. In this context, a survey was conducted with 1600 participants online from 15.02.2020 to 21.01.2021 in Erbil city in the North of Iraq. The questionnaire consists of two main parts. The first part includes the demographic characteristics of the participants, and the second part includes 15 questions about the role of Erbil Local Government in combating COVID-19. SPSS program 24 version was used for data collection analysis in the study. The thinking of most of the participants agrees on the questions asked to them. Meaningful differences were determined between the questions asked to the participants online and of the opinions. It was concluded that the participants generally responded with partially successful in the combating of the Covid-19 outbreak by the local government of Erbil. In this study, information was also provided about the local government, the Covid 19 pandemic and the Covid 19 pandemic in the world and Iraq in general.
Keywords: Covid-19 Pandemic, Local Government, Erbil-Iraq

Özet

Salgın, hastalıklar, depremler, fırtınalar, seller ve organizasyonel krizler gibi doğal afetlerden sürekli etkilenen bir toplumda yaşamaktayız. Nerede yaşarsanız yaşayın veya yaptığınız iş ne olursa olsun, birçok kriz türü yaşamı önemli ölçüde sekteye uğratabilmektedir. Bu çalışmanın amacı, yerel yönetimin COVID-19 ile mücadeledeki rolünü belirlemektir. Bu bağlamda, Irakın kuzeyinde bulunan Erbil şehrinde 15.02.2020-21.01.2021 tarihleri arasında online olarak 1600 katılımcı ile anket çalışması yapılmıştır. Anket iki ana

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bölümden oluşmaktadır. Birinci bölümde katılımcıların demografik özelliklerine yer verilmiş, ikinci bölümde ise Erbil Yerel yönetiminin COVID-19 ile mücadeledeki rolüyle ilgili 15 soru yer almaktadır. Çalışmada veri toplama analizleri için SPSS24 paket programı kullanılmıştır. Katılımcıların çoğunluğu kendilerine yöneltilen sorular konusunda aynı fikirdedir. Katılımcılara online olarak sorulan anket soruları ile katılımcıların düşünceleri arasında anlamlı farklılıklar tespit edilmiştir. Katılımcıların genel olarak Erbil yerel yönetiminin Covid-19 salgının yönetimi sürecinde kısmen başarılı olduğu sonucuna ulaşılmıştır. Bu çalışmada ayrıca yerel yönetim, Covid 19 salgını ile genel olarak dünyada ve Irak'taki Covid 19 salgını hakkında bilgiler sunulmuştur.
Anahtar Kelimeler: Covid-19 Salgını, Yerel Yönetimler, Erbil-Irak

INTRODUCTION

Crises in all types and sizes. Each crisis is unique; crises differ from each other; financial crises differ from natural crises, such as earthquakes and floods; and health crises, such as epidemics and pandemics. Despite the consensus on the extent of this impact on human life, the impacts of the Covid-19 tragedy, which increasingly presents risks to people every day, are not limited to their health or the medical implications. The entire world and its welfare and safety both physically and mentally. Crisis and emergency response is most successful if the local government has as much information as possible and if in collaboration with impacted communities and stakeholders, this response is planned and enforced. In the north of Iraq, the regional government has extended movement restrictions between Erbil, Sulaymaniya, and Dohuk Governorates till 18 May, besides for folks who attain permission through an electronic system administered by the government, all these measures are implemented by local governments.

An outbreak in Wuhan, Hubei Province, China, and spread through China and beyond, severe acute breathing syndrome coronavirus two infection occurred on 12 January 2019. Since most COVID-19 infected patients had pneumonia and characteristic CT imaging patterns, early diagnosis and disease course evaluation have become critical through radiological tests. CT findings were recommended for clinical diagnosis as an important proof of COVID-19 in Hubei, China to date (Zu et al., 2020:15). The burden is widespread, and hospital admissions are increased. However, public health and health officers scrambled to diagnose and monitor the virus's unfolding, at a strikingly rapid pace, uninhibited dissemination of information through conventional and social media channels. Both the condition's effect and the lack of data associated with it caused medical misinformation to appear and spread suddenly on various social media platforms (Blbas et al., 2020:1). The lack of information about the virus and its consequences for people's safety, the uncertainty as to how it might be transmitted, and the dissemination of various types of misinformation about Covid-19 worked together to increase this stream of in formic (Lovari, 2020:458). In most affected countries, the latest contagion that has spread rapidly around the world has mobilized remarkable financial and sanitary capital. However, in most instances, these interventions seem to be inadequate or inefficient, as the number of cases has recently exploded, whereas the rise in the number of deaths is troubling (Zaman and Meunier, 2020:2).

Historically, rural aboriginal peoples have faced the most significant health care challenges and have experienced profound discrimination based on race, poverty, and language. Extreme COVID-19 incidents, considering their precarious health and living conditions, are expected to sweep through these populations. Its epidemiological profile is defined by malnutrition, infectious diseases, and chronic diseases and is exacerbated by high fertility levels (Meneses-Navarro et al., 2020:2). Governments will not be capable of minimizing each death from coronavirus ailment 2019 (COVID-19), and the financial impact of viral unfold. It could be the highest priority for individuals to keep mortality as low as feasible; thus, governments need to place themselves in regional steps to boost the inevitable financial crisis. In our view, COVID-19 has advanced right into a pandemic, with small chains of transmission in many nations and large chains ensuing in the

extensive spread in some countries, which comprises South Korea, Japan, Italy, and Iran (Anderson et al., 2020:933).

LITERATURE REVIEW

Dissimilar theories or models of local government that reinforce the being of government or that purpose descriptive frameworks for the founding, purpose, function, and philosophy of government are developed by scholars within public administration and local government studies. Such models comprise the Democratic Participating Model, Competence Services Model, and Developing Model. While all three models are relevant to the performance, function, and existence of local government, the efficient service delivery model is adopted for this study. They were theoretically speaking. Therefore, the local government is predicted to reinforce the achievement of democratic ideals, political participation, protective services, and infrastructural services like facility and upkeep of health amenities and establishments (Achimugu et al., 2013:336).

(Chukwuemeka et al., 2014:315) observed that the valuable factor in issuing a performance provider is that the primary driver of local government structures is to deliver social offerings that include organization and order, adjacent roads, first education, sanitation, and more effectively. The school's argument for providing effective services is that the local government is there to provide the many and effective services until the relocation of the service provider to the area is expected to preoccupy the residents with the resources, strength, and time of the local government. Proponents of the School of Effective Service believe that close or famous human beings should be given many effective local government services. However, there is much less democratic participation within the government process. This is in the sense that the local government, because of its proximity to a region, can provide services positively and more effectively than the central governments and the state. To confront the COVID-19 pandemic crisis, to impose any approach to control the epidemic and maintain the economy, the country needs leadership that focuses on and coordinates actions. Unfortunately, some governments do not play this role as the Brazilian government. The country needs leadership that centralizes and directs efforts to enforce any policy to contain the pandemic and maintain the economy. On the contrary, this negative leadership and lack of coordination causes many deaths and significantly damage survivors' lives by halting economic and social activities (Nadanovsky and Santos, 2020:11).

Local Government

A local government may be defined as those government bodies elected by members of society in the regions under their authority who have organizational, executive, and legislative operations. It is defined as an authority that within a given territory decides or determines specific steps. If we will do a literal study of the word or terminology, it means government or local affairs management by the people of that group. Here comes the essential concept of subsidiarity, according to which individuals close to them, and then the central government, will better meet and satisfy local needs (Ndreu, 2016:6). This concept takes in a broader sense when it comes to local government. This is because the development or not of a state is affected by local governance's capacity and development. Several factors affect this outcome, such as the human resources capacity of local government units, the relationship with the central government, or the latter's autonomy in decision-making. As we talked about government-civil society relations above, this relation takes one direction in local governance. Local governments are then providing services to citizens, while the latter have limited access for the majority of citizens to influence local policies, so governance links are no longer useful. (Wilson, 2000:57). Local governments have grown to be worried about selling advanced verbal exchange services in loads of ways. They have gotten worried thru their role as stewards of nearby monetary development, their want to improve the performance and exceptional of presidency provider delivery via e-government, including online services for neighborhood citizens and businesses, And contacts within and between governments (Gillett et al., 2004:540).

The system of local governments differs from country to country, but the most pressing reasons are those related to the expansion of the state's geographical area and the multiplicity of nationalities, or during the reunification phase of state after the dispersion of its regions and its freedom from colonial rule. The local government system is therefore considered as a form that maintains political independence and simultaneously achieves unity.

The COVID-19 Pandemic

On 30 January 2020, the 2019 novel coronavirus disease (COVID-19; previously known as 2019-nCoV) outbreak that originated in Wuhan, Hubei province, China, was declared an international public health emergency by WHO at the end of 2019.1 As a newly emerging infectious disease, COVID-19 attracted considerable interest in science. According to a recent Nature study, by 30 January 2020, 2 or 54 scholarly papers on COVID-19 had been published in English-language journals (Xiang et al., 2020:684). The threat to global public health, the COVID-19 outbreak, has also posed the international public challenge. Increasing travel-associated cases showed in more than one country, together with Germany, Thailand, Vietnam, the USA, Japan, and South Korea (Chen et al., 2020:397). In most cases, people have mild symptoms, particularly in children and young adults, and Coronavirus does not distinguish between nationalities, women and men, or between ages. Fear is highly important that relatives, neighbors, or community members should not stigmatize while they are ill. Treat everyone with respect and know others if you can hear them say that people in your culture are stigmatizing.

The COVID-19 pandemic in Iraq and the world

The current population of Iraq is 40,222,493 as of Monday, 21 September 2020. Based on the Worldometer elaboration of the latest United Nations data, Iraq's COVID-19 situation rapidly evolves. The number of individuals who have contracted the virus increased sharply during the past weeks, reaching 319,035 confirmed cases on 21 September 2020 with over 3500 daily positive cases. Over 40 percent of these cases have been detected in Baghdad Governorate. The number of fatalities due to the virus has also risen dramatically, with 24,478 to date. Experts from the People's Republic of China Center for Disease Control announced that it originated in Wuhan, Hubei, People's Republic of China, in late December 2019, when an unknown pneumonia case was reported. Pneumonia caused by an emerging coronavirus caused by emerging coronavirus The World Health Organization has officially released the name COVID-19. However, the International Virus Classification Committee calls it the Coronavirus 2 virus (SARS) -CoV -2 (Huang et al., 2020:497). These tests are back for tests; Clinical management; Rapid isolation of suspected, confirmed cases and contacts; Restrictions based on movement on 23 January 2020. Travel restrictions were subsequently imposed on 14 cities across a province, and travel restrictions were imposed on China. A company on how these practices affect the spread of SARS-CoV-2 to sites outside of Wuhan. The communal tables of cases published in work, the financial tables of their account in their account, and the new combination of interventions implemented in China helped to spread of COVID-19 was remedied and its local transmission was reduced. However, it was not possible in this work to determine the effect of each intervention is final. Much additional work is required to determine how to achieve the optimal balance between the expected positive impact on public health and the adverse effects on freedom of movement, the economy, and society as a whole (Kraemer et al., 2020:493). In Iran, 76.389 COVID-19 patients were found as of 15 April 2020, 4777 of which died of the virus. Iran ranks sixth in the number of deaths attributed to COVID-19, according to figures, after the United States and other countries. The first COVID19 fatalities were officially announced on 19 February 2020. It will help make appropriate decisions and thereby monitor the outbreak by recognizing the epidemiological features of this illness. Specific epidemiological characteristics of COVID-19 have been published previously (Nikpouraghdam et al., 2020:2).

In Europe, where the prevalence of this virus is high, and the proportion of elderly patients is also high. In Italy, deaths from COVID-19 have been observed, and the elderly

population in Italy may partially explain the difference in cases and deaths between countries. In Italy, COVID-19 deaths are determined in older male patients, who also have many comrades. However, this data is limited and is taken from the first month of the COVID-19 cases recorded in Italy. Additionally, some currently infected patients may die soon, causing the death rate to change. From a research point of view, the comparison discussion highlighted the need for transparency in reporting test policies and clarified the status, age, and gender of affected populations when comparing COVID-19 status and the death rates that were officially reported. Venoms of clinical injury and morbidity traverse different countries and regions (Onder et al., 2020:1776). The two-track technique to confront and managing the COVID-19 crisis disaster has some implications for Italian public administration. First, Italy skilled devolution of powers to local governments regarding health and economic help with inside the overdue 1990s. Intergovernmental cooperation has not strengthened this decentralization policy, and this legacy puts the uniformity of response and relief at risk. Specific measures to be financed by the central government are provided for by emergency legislation and may not be otherwise provided that European level recognizes the fiscal portion of crisis management. Regions were given large implementing powers in the distribution of funds, but their performance has been not uniforming so far. Second, pre-emptive vigilance over the conditions that define the legal system has left behind the urgency of the crisis. Third, the inability to understand post-audit is an important reason as to the bureaucratic essence of crisis management, which indicates that there have been many phases of response and management (Mascio et al., 2020:624). The United Kingdom reported its first confirmed acute respiratory infection COVID-19 due to Coronavirus Disease 2019 on 31 January 2020 and has first isolated high-risk individuals to prevent the infection from spreading. However, when the number of COVID-19 cases increased and prevention was no longer effective, the UK registered a late response on 12 March 2020. Public health UK decision-making agencies, health security Scotland, and national health service England have since delivered strategies. They were updated for healthcare providers to manage patients suspected of having Kovid-19. The international guidelines for public and health professionals vary, depending on the level of risk and the healthcare system, and are updated regularly (Razai et al., 2020:368). In Spain, the previously confirmed cases were classified as "imported cases," including tourists from regions where large numbers of COVID-19 patients have been detected, such as Italy. The first case was officially confirmed in La Gomera (Canary Islands) on 31 January 2020. Nine days later, another case was detected in Palma de Mallorca (Balearic Islands). He is also an injured tourist in France. On 24 February, after the COVID 19 epidemic in Italy, a doctor from Lombardy (Italy) and his wife tested positive. On 13 February 2020, the first death in Spain was registered in Valencia, the Nepali man is sixty-nine years old, after his death he was diagnosed with the condition. As of 13 March, several cases of the disease have been reported in all of the country's 50 provinces. On 14 March, warnings and closures were introduced across the country in the regions covered by Resolution 463/2020. Spain is the worst-affected country globally, just after the United States, with 204,178 cases and 21,282 deaths. All affected countries' experience shows that COVID-19 can exceed all these health systems' capacity, including all resources. In the absence of specific vaccines or drugs, national efforts are focused on contact tracing, quarantine, and social intervention. The intensity, timing, and robustness of method-dependent responses do not contain the initial development and ambiguous dynamics of the most recent SRAS-COV-2 diffusion. During the first phase of the epidemic, most affected countries adopted social protection measures, and the upward trend in injuries and deaths exacerbated the situation. Some countries, such as China, are gradually adopting these measures after achieving adequate transportation control. However, prolonged or intermittent social harassment can be expected to avoid re-infection. It may be required. The social and economic consequences of these measures cannot be reversed. This new law designates a delegation from the competent authorities headed by the Minister of Health. This includes the Interior Minister, the Minister of Transport, Transport and Urban Development, and the Minister of Defense. The following restrictions are imposed: (First) Restriction of personal freedom of movement; (Second) Temporary requirements

and mandatory personal benefits; (Third) Education and training management measures. (Fourth) Measures relating to containers in commercial activities, cultural places, establishments, and entertainment events, and activities of hotels, restaurants, and other personnel; (Fifth) Procedures relating to places of worship, folk customs, and religious rituals; (Sixth) Measures to strengthen the national health system (Seventh) Take measures to ensure the provision of goods and services necessary to protect public health; (Eighth) activities in transportation. (Ninth) food security measures; (Tenth) measures to ensure transit; (Eleventh) The supply of electricity and energy, and the supply of petroleum products and natural gas. (Twelfth) factors important to essential services; (Thirteenth) Government and private media. These measures were extended on 28 March (Cecilia et al., 2020:59). In the United States, the first cases of COVID-19 occurred in January 2020 and February 2020 with passengers and their family members in Hubei Province, China. As of late February, international travel history and non-contact cases with infected individuals have been confirmed (Jernigan, 2020:216). By mid-March, the spread had become common, and by 21 April, a total of 793,669 cases of COVID-19 had been confirmed in the United States, most of which were caused by large-scale community broadcasts. As the epidemic develops, there must be continuous improvement in control. When broadcasting is widespread in a community, some early interventions, such as quarantine and aerial inspection, may have little effect. However, inside the latest ranges of the outbreak inside the United States, many factors of the mitigation approach used inside the acceleration phase remain required (Schuchat, 2020:551).

As of 16 April 2020, India has reported 10,477 active cases of COVID-19, 1,489 treated / migratory cases, and 414 deaths. The spread of Kovid-19 in two stages led to it reaching the second stage, i.e., human. It spreads quickly among people. India is one of the world's affected countries that has tried various strategies to control the spread of the new virus. The spread of the disease in some residents and the lack of awareness of the described back make it difficult to control the virus under real conditions. This has led to an increase in Covid-19 cases in India and the rise of a whole group of cases in the country. There were a large number of deaths. India still needs more advanced and faster kits to detect viruses and potential drugs to treat infected patients to overcome this national emergency. If the Indian population does not handle this situation carefully, the number of positive cases and deaths may increase. National lockdown and social removal measures have prevented the disease's rapid spread (David, 2020:89). The first case in Turkey was a forty-four-years-old man from Coronavirus on March 9, 2020, who was admitted to the hospital. On 17 March 2020, the first associated death occurred (Demirbilek et al., 2020:489). As of 23 February 2020, the Turkish government has taken the requisite steps about international borders, particularly with Iran, and has placed thermal cameras and strong measures on its land borders with Iran. Both international road and rail flights are temporarily halted and temporarily closed. In this process, on the land border with Iran, field hospitals were set up, and it was announced that Iranian citizens would not be admitted into the country. However, Turkish citizens who wanted to come would be treated by the 14-day quarantine process (TURAN and ÇELİKYAY 2020:16).

The final data according to the worldometers website, on 15 August 2020 about mortality and morbidity and recovering worldwide regarding COVID-19 as following: The number of morbidities is 21,486,051, and the number of deaths globally by this disease is 766,006, while the number of recoveries from COVID-19 is about 14,242,214. The epidemic curve is on the rise in some of the countries of the world, while in some of the other countries the epidemic curve is heading Downward, as these differences between the countries of the world depend on several factors, including herd community and self-protection in addition to precautionary prevention application among the community in addition to their commandments to the health instructions that have an impact on the spread of the epidemic or reducing it.

Hypothesis

H1: Local government has a major role in confronting the crisis of the COVID-19 Pandemic.

H2: The local government applies precautionary prevention to decrease mortality and morbidity among the population

H3: Population satisfaction with the local government depending on the health services and preventive measures to protect the current health crisis the COVID-19.

The objective of the study

To identify the role of the local government to confront COVID-19, determining the association between variables and opinion residents about items of questions regarding the COVID-19 pandemic.

METHODOLOGY

It was a descriptive study design in Erbil city in the north of Iraq from 15.02.2020 to 21.01.2021. We have sent 2000 forms of the questionnaire to participants via online and gave the participants 20 days to respond, but only 1600 forms came back to us, so the sample size was 1600 participants among Erbil populations through the online application. The questionnaire was used for data collection composed in two main parts, part one related to demographic characteristics of the sample study, and part two included 15 questions related to the role of government to confront COVID-19, so responses of questions by participants were classified in to three levels depending on scoring system as follows (1 for Agree, 2 for partially agree and 3 for disagree). The questionnaire was viewed to the panel of experts for validity and reliability. The pilot study was done to check the barriers and challenging to conduct the study. This study was critical because it identified the local government's role in confronting the COVID-19 pandemic crisis based on the opinions of residents about items of questions directed to them through online applications. After all, COVID-19 was an infectious disease and may attach most individuals among populations. Therefore, we have used an online application as a limitation of the study. The authors have taken permission from Erbil's health authority to conduct this study. Also, we have taken verbal acceptance for each participant before sending them the questions through online applications. The SPSS program version 24 was used for data analyses.

Results

Table 1 Statistical Data of the demographic Knowledge of Participants

Variables		Frequency	Percent
Gender	Male	1140	71.2
	Female	460	28.8
	Total	**1600**	**100.0**
Age	18-25	368	23.0
	26-40	524	32.8
	41-50	364	22.8
	51 and above	344	21.4
	Total	**1600**	**100.0**
Race	Kurdish	1524	95.3
	Turkmen	21	3.2
	Arabic	25	1.5
	Total	**1600**	**100.0**
Education Level	Secondary	172	10.7
	Diploma	532	33.3
	Bachelor	660	41.3
	Master	188	11.7
	PhD	48	3.0

	Total	**1600**	**100.0**
Profession	Employee	584	36.5
	Student	104	6.5
	Private work	804	50.3
	Workless	108	6.7
	Total	**1600**	**100.0**
Marital State	Single	688	43.0
	Married	912	57.0
	Total	**1600**	**100.0**

Table 1 Revealed the characteristics of the sample study and as written as followings: the majority of them were male that was due to the majority of them may work out of their home, especially in the factories and most of them do hard work, the age of most of them was between 26-40 because these ages have adequate power for working in different places, majority of them Kurdish. After all, the study was done in the Kurdish area, most of them were bachelor degree this was due to chance of work because the factories and other places prefer bachelor than other levels of citification as 33.3% of them have graduated from the institute, 11.7% of them were master degree, 10.7% of them were graduated from secondary school. In comparison, 3.0% of them have a Ph. D. degree; regarding their profession, most of them were working in private work, while most of them were married, which represented 57.0%. higher education is less than others because most academic certification works in local universities.

Table 2 Statistical Data of the Role of the Government to Confront the Crisis of COVID-19 Pandemic Based on Resident's Opinion

Items	Level of Response	F	P	Total.P	Mean	Std.D
The local government issued higher guidance in the event of a COVID-19 pandemic	Agree	576	36.0	1600	1.9325	.50520
	Partially agree	556	34.8			
	Disagree	468	29.3			
The local government will gather the necessary and accurate information for the purpose to confront the COVID-19 pandemic.	Agree	484	30.3	1600	1.9450	.73981
	Partially agree	720	45.0			
	Disagree	396	24.8			
The local government issued prompt and timely decisions for the purpose of controlling the risks	Agree	668	43.0	1600	1.8200	.80499
	Partially agree	512	32.0			
	Disagree	400	25.0			
The local government is coordinating with the police, health, municipalities and other institutions for confronting the COVID-19 pandemic	Agree	776	48.5	1600	1.6950	.75653
	Partially agree	536	33.5			
	Disagree	288	18.0			
The local government is trying to raise morale and reduce tension so that residents can for confronting the COVID-19 pandemic	Agree	712	44.5	1600	1.8100	.81506
	Partially agree	480	30.0			
	Disagree	408	25.5			
The local government is depending on modern technologies and communication for confronting the COVID-19 pandemic	Agree	864	54.0	1600	1.6150	.73967
	Partially agree	488	30.5			
	Disagree	248	15.5			
The local government creates a committee of the relevant specialists necessary to confront the COVID-19 pandemic	Agree	760	47.5	1600	1.7225	.77192
	Partially agree	524	32.8			
	Disagree	316	19.8			

The local government is depending on the financial and human capabilities with speed and good accuracy to confront COVID-19 pandemic	Agree	740	46.3	1600	1.7650	.79698
	Partially agree	496	31.0			
	Disagree	364	22.8			
The local government analyzes the causes of the COVID-19 pandemic to explain appropriate solutions to them	Agree	692	43.3	1600	1.8075	.79740
	Partially agree	524	32.8			
	Disagree	384	24.0			

Table 2: Cont.

Items	Level of Response	F	P	Total.P	Mean	Std.D
The local government issues instructions not to publish hearsay and exaggerations in order not to exacerbate the COVID-19 pandemic, but rather depends on announcements from official authorities from the government	Agree	936	58.5	1600	1.5075	.65971
	Partially agree	516	32.3			
	Disagree	148	9.3			
The local government compensates the people affected by the COVID-19 pandemic	Agree	148	93	1600	2.1450	.55603
	Partially agree	1072	67.0			
	Disagree	380	23.8			
The local government is trying to prevent increasing prices in during COVID-19 pandemic period	Agree	960	60.0	1600	1.5700	.76516
	Partially agree	368	23.0			
	Disagree	272	17.0			
The local government is concerned with protecting citizens' security in in during COVID-19 pandemic period	Agree	1212	75.8	1600	1.3175	.60574
	Partially agree	268	16.8			
	Disagree	120	7.5			
The local government wants to implement Covid 19 prevention and responsibility methods for those who do not follow Ministry of Health instruction	Agree	928	58.0	1600	1.6625	.84204
	Partially agree	284	17.8			
	Disagree	388	24.3			
The local government is trying to Practice medical and health personnel to counter the COVID-19 pandemic	Agree	848	53.0	1600	1.7250	.84251
	Partially agree	344	21.5			
	Disagree	408	25.5			

Table 2 Indicated the population responses for each of 15 questions as written in the followings: (The local government issued higher guidance in the event of a COVID-19 pandemic) in this question, the majority of them have responded by agreeing, and also most of them answered by partial agree this was because the local government has issued useful guidelines and instruction against COVID-19. (The local government will gather the necessary and accurate information for the purpose to confront the COVID-19 pandemic) in this item, most of them have responded as a partial agree 45%; this was due to the local government's activity to collect data about COVID-19 from confronting it properly. (The local government issued prompt and timely decisions to control the risks) in this question, most of the have responded by agreeing this was because the local government tries to use different methods to control the risk of disease among the population. (The local government is coordinating with the police, health, municipalities, and other institutions for confronting the COVID-19 pandemic) Most of them have

responded by agreeing that representing nearly about 48.5% because the local government has cooperated with other sectors as municipality, police, health, and others to control the diseases. (The local government is trying to raise morale and reduce tension so that residents can for confronting the COVID-19 pandemic) Most of them have agreed with this item in this question because they raise their morale and educate them to confront the COVID-19. (The local government is depending on modern technologies and communication for confronting the COVID-19 pandemic) in this item, they agreed with it because the local government focuses on medical technology and new communication to combat the pandemic COVID-19. (The local government creates a committee of the relevant specialists necessary to confront the COVID-19 pandemic) majority of them have agreed with this item, while 32.8% of them also partially agree because the government depends on a different specialty to fight the COVID-19. (The local government is depending on the financial and human capabilities with speed and good accuracy to confront the COVID-19 pandemic) in this item, nearly about 46.3% have agreed, while only 31% partially agreed because the local government depended on local economic and human resources to combat this disease. (The local government analyzes the causes of the COVID-19 pandemic to explain appropriate solutions to them) in these items, 43.3% have agreed, while only 32.8% have agreed partially because the government has analyzed the data and information about COVID-19 to explore an appropriate solution for that. (The local government issues instructions not to publish hearsay and exaggerations in order not to exacerbate the COVID-19 pandemic, but rather depends on announcements from official authorities from the government) regarding this question, the majority of them have agreed with it properly because the government has encouraged the population to hear to official news about COVID-19 not depending on fake news that may frighten them so that their immunity low down. (The local government compensates the people affected by the COVID-19 pandemic) regarding this question, nearly about 93% of them have agreed. In comparison, only 67% of them have agreed partially because this item was essential to compensate those affected by this disease. (The local government is trying to prevent increasing prices during the COVID-19 pandemic period) in this question, nearly about 60% have agreed with it because the government tried to decrease food goods prices and others during the COVID-19 period. (The local government is concerned with protecting citizens' security during the COVID-19 pandemic period) majority of them have agreed with this critical item because the local government tries to achieve security during the pandemic time. (The local government wants to implement COVID-19 prevention and responsibility methods for those who do not follow the Ministry of Health instruction) in this question, most of them have agreed with it because the health authority focused on prevention and precaution to break down the chain of infection of COVID-19. (The local government is trying to train medical and health personnel to counter the COVID-19 pandemic) according to this item, nearly about 53% of them have agreed with it. In comparison, only 21% of them have agreed partially because this question is essential for the population. This is due to practice and educating medical and nursing staff properly regarding how to confront COVID-19 to decrease the population's mortality and morbidity.

Table 3 Statistical Data of Levels of Participant Responding About the Role of the Government to Confront the Crisis of COVID-19 Pandemic Based on Resident's Opinion

Levels of participants responding	Frequency	Percentage
Agree	754	47.1
Partially agree	512.8	32.17
Disagree	332.2	20.73
Total	1600	100

Table 3 shows the responding levels of participants regarding items of questions as following: 47.1% of participants have answered by (Agree), while 32.17% of them have responded by (Partially agree) and 20.73% of them responded to the items of questions by (Disagree). It was indicated that the participants generally responded partially successfully in the combating of the Covid-19 outbreak by the local government of Erbil.

Table 4 Statistical Data about Association Between Variables and Items

Variables	Value	Df	P. Value
Gender	1566.153[a]	28	.000
Age	4014.989[a]	84	.000
Race	984.077[a]	56	.000
Education Level	4779.015[a]	112	.000
Profession	4422.625[a]	84	.000
Marital status	1600.000[a]	28	.000

Table 4 Shows that there was a significant association between all variables and resident opinions regarding questions or items about the COVID-19 pandemic crisis. From these results, it was shown that there is an important relationship between all the variables and the population's satisfaction with the local government about implementing preventive measures. Therefore, all the variables attributed to this are that citizens are committed to precautionary measures during the outbreak of this global epidemic.

DISCUSSION AND CONCLUSION

The study's findings indicated that the majority of residents who participated in this study were agreed with the items of the study about COVID-19. In contrast, the neutral level of the population partially agreed with the same items of COVID-19, and a small number of them have disagreed with the items of COVID-19. These findings were similar to the study done by (Rajan et al., 2020:6), who said that during this Covid-19 crisis, policymakers must consider the multidimensional consequences and needs of society and consult more widely and across disciplines, within the health and outside health, based on an accurate multi-sectoral model. More significantly, more clarity is required as to who is being listened to by decision-making bodies as the basis for their choices. Today, it is essential to hear the voices of those at risk of being left behind more than ever. Ultimately, we need to ensure that the policies in place to protect our at-risk communities do not do more harm than good. The study's outcome revealed that most participants have responded to the questions about COVID-19 by agreeing this was because the population was agreed with the government's role about precautionary prevention regarding COVID-19. This finding was agreed with the study done by (Tabari et al., 2020:8), who indicated that It is highly assured that this tactic will be a good technique to solve this new pandemic, as determined by certain governments' handling decisions on Quarantining, social isolation, and flight susps because of the extreme spread of the virus. Also, experts have projected the positive effect of these plans on regulating infectious transmission from COVID-19 in some predictive models. In the UK, there is also a public call for more robust government restriction measures. Although this strategy's economic impact on countries can be immense, it can be overcome by some methods, including by allocating funding for risky areas through global health organizations and international banks. Overall, we support a likely global strategy for strong WHO isolation, which will be the right approach in this crucial era. The global officials responsible for controlling the pandemic should take this decision promptly. The other findings of the study indicated that there was a significant association between all variables and resident opinions regarding questions or items about the COVID-19 pandemic crisis, so this finding was similar to the study done by (Willems et al., 2020), who revealed that the majority of the population in Austria have satisfied with the role of government to conform the COVID-19 crisis to apply precautionary measures for prevention from COVID-19 and to decrease the mortality and morbidity among Austria residents so in our opinion the satisfaction and commandment of the population about recommendation and guidelines from health authority paradigm. The majority of participants were partially satisfied with the role of the local government in confronting the COVID-19 pandemic. There were three levels (agree, partially agree, and disagree) of responding participants regarding items of COVID-19 crisis about the government's role to confront COVID-19. Some people do not believe in or trust the government because the government has not provided better services and quickly pays people's rights and salaries to their employees due to the financial crisis. In their view, the government is not doing well. Public hospitals were full, and prices rose dramatically in private hospitals. Some of

them supported the government because they say that there is a financial crisis everywhere in the world. They say that the cause of this crisis is the central government, and they say that they are not helping our regional government. People want the local government to coordinate better with the regional government regarding health and security services and pay financial rights, salaries, and compensation. At present, the COVID 19 pandemic in Britain and some other European countries, the second wave of the epidemic had begun, while in some other countries, wave two still haven't begun. In some Arab countries such as Jordan, the first wave rose, reaching a peak, which led to the local government being forced to re-ban curfews again and impose punishment for those who did not commit preventive measures precautionary prevention. The study recommended that the local government must focus on public health sectors more than private sectors because the private sector is expensive for population health services.

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APPENDIX

SECTION A: Background Information

Gender	☐ Male	☐ Female		
Age	☐ 18-25	☐ 26-40	☐ 41-50	☐ 51 and above
Race	☐ Kurdish	☐ Turkmen	☐ Arabic Others (Please specify___)	
Education Level	☐ Illiterate	☐ Read and Write ☐ Primary ☐ Secondary ☐ Diploma		
	☐ Bachelor ☐ Master ☐ PhD			
Profession	☐ Employee ☐ Student	☐ Retired	☐ Private work ☐ Workless	
Marital state	☐ Single	☐ Married	☐ Divorced	

SECTION B: Perception about the Role of Local Government in Confronting Crisis

Items	Disagree	Partially	Agree
The local government issued higher guidance in the event of a crisis			
The local government will gather the necessary and accurate information for the purpose to confront the crisis.			
The local government issued prompt and timely decisions for the purpose of controlling the risks.			
The local government is coordinating with the police, health, municipalities and other institutions for confronting the crisis.			
The local government is trying to raise morale and reduce tension so that residents can for confronting the crisis.			
The local government is depending on modern technologies and communication for confronting the crisis.			
The local government creates a committee of the relevant specialists necessary to confront the crisis			
The local government is depending on the financial and human capabilities with speed and good accuracy to confront crisis			
The local government analyzes the causes of the crisis to explain appropriate solutions to them.			
The local government issues instructions not to publish hearsay and exaggerations in order not to exacerbate the crisis, but rather depends on announcements from official authorities from the government about the crisis.			

The local government compensates the people affected by the crisis.

The local government is trying to prevent increasing prices in times of crisis.

The local government is concerned with protecting citizens' security in times of crisis

The local government is trying to investigate those who have a role in creating a crisis.

The local government is trying to train a group of people to confront a crisis.

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