

## IRAQ | UNHCR COVID-19 UPDATE

In recent weeks, Iraq has continued to witness a concerning increase in the number of COVID-19 cases, with a regular average of more than 3,500 new daily cases. The number of individuals who have contracted the virus as of 29 August stands at **227,446 cases**; close to double the number of cases in comparison to the last update. More than 30 per cent of these cases have been detected in Baghdad, followed by Basrah, Kerbala and Sulaymaniyah. Similarly, the number of deaths to date has increased to a total of 6,891, however, the increase has been at a lower rate than the number of new positive cases. The Government of Iraq (GoI) and the Kurdistan Regional Government (KRG) have conducted over 1.5 million tests.

### COVID-19 CASES IN IRAQ: 227,446

 Active 51,535
  Recovered 169,020
  Deaths 6,891

### COVID-19 CASES AMONG PERSONS OF CONCERN: 68

 Active 15
  Recovered 46
  Deaths 7



Distribution of sanitary kits in Essian IDP camp to ensure access of displaced families to hygiene items © UNHCR|R. Hussein

### OPERATIONAL CONTEXT

While the GoI has extended the current curfew measures across central and southern governorates until further notice, the latest reports indicate that only a small percentage of the population is actually respecting them. During the past week, despite warnings by the government to avoid mass gatherings, thousands of pilgrims started gathering in the city of Kerbala to mark the holy month of Muharram. The Iraqi Minister of Health has recently described the situation as very concerning and called on all citizens to abide by the recommendations from health authorities as well as by the curfew measures. In the Kurdistan Region of Iraq (KR-I), despite the ongoing increase in the number of COVID-19 cases, the KRG has announced the ease of movement restrictions between KR-I and central and southern governorates, as well as the opening of border crossing points with Iran. In the meantime, the World Health Organization (WHO) has delivered a large amount of advanced health equipment and items to the GoI and the KRG and is currently conducting countrywide COVID-19 prevention and containment campaigns in collaboration with local authorities.

As the number of cases continue to grow, health facilities across Iraq are facing increasing pressure to provide support to all affected individuals. Since the beginning of August, most Directorates of Health (DoH) have indicated that only moderate, severe, and critical cases would be accepted for hospitalisation, asymptomatic cases and those with mild symptoms being advised to self-isolate at home. This has also resulted in a renewed push by the humanitarian community to identify and establish quarantine and isolation areas in IDP camps in line with Health Cluster guidance.

## COVID-19 PROTECTION RISKS AND CHALLENGES

Since the beginning of the COVID-19 outbreak in Iraq in March 2020, vulnerable displaced families have been among the most affected by the virus. The main risks and challenges identified remain:

- Lack of livelihood opportunities and rise in the use of negative coping mechanisms;
- Challenges to access camps and reach persons of concern in certain locations;
- Rise of domestic violence and Sexual and Gender-Based Violence (SGBV);
- Lack of access to education and occupational activities for children and youth.

According to UNHCR's feedback and complaint mechanisms, and ongoing remote protection monitoring, the main concern raised by refugees, IDPs, returnees, and persons at risk of statelessness across Iraq is the inability to access livelihood opportunities as a result of current and previous restrictions on freedom of movement. Most individuals affected by displacement were living on daily wages, and the movement restrictions have significantly affected their ability to make ends meet. This has translated into an increase in the number of individuals resorting to negative coping mechanisms. Challenges to reach persons of concern in certain locations, psychological trauma, stress and anxiety, halt of education activities, and the rise of domestic violence, among others, have also been raised widely as a direct concern by those affected by displacement. Following the rise in the number of COVID-19 cases across the country, UNHCR is recording a steady increase in the number of individuals reporting difficulties in accessing health care facilities. The latest protection monitoring findings are updated regularly and can be accessed on the [Iraq National Protection Cluster site](#).

Since the end of July, the Peshkhabour Border Crossing Point (PKBCP) has been opening intermittently, facilitating the readmission to Iraq of Syrian refugees who were already registered in the KR-I. UNHCR continues to advocate with the GoI and the KRG to ensure refugees and asylum-seekers can safely enter the country.

During the reporting period, UNHCR has recorded new COVID-19 cases among IDPs and refugees. While at the beginning of August, reports suggested that up to 90 persons of concern had contracted the virus, after a thorough review and verification of health and death certificates, the number of confirmed cases is lower. As of 27 August, **a total of 68 COVID-19 cases have been identified among UNHCR persons of concern (55 IDPs and 13 refugees)**, including 46 recoveries and seven fatalities. The difference compared to the previously reported figure comes from cases that were not actually tested for COVID-19, but were recorded as positive after indicating symptoms similar to the ones caused by the virus. The majority of cases (77 per cent) have been recorded among the age group of 18 to 59 years old, and among male individuals (62 per cent). Most of the new cases have occurred within the same communities in Baghdad and Erbil, however, during the reporting period, several new cases have been identified in IDP and refugee camps in Anbar, Duhok, Erbil and Ninewa Governorates. UNHCR is coordinating with the DoH in the affected areas and is monitoring the situation closely. Contact tracing and testing has been conducted, and Camp Coordination and Camp Management COVID-19 preparedness and response plans have been activated and implemented in all affected camps, including movement restrictions and lockdown when required. Since public health facilities are now accepting only moderate, severe, and critical cases, UNHCR started to support DoHs to conduct trainings on COVID-19 home care in refugee camps.

## ONGOING DISTRIBUTION OF COVID-19 SPECIFIC ASSISTANCE

UNHCR is supporting families' access to basic hygiene items through the distribution of cash assistance and sanitary kits, as part of its efforts to limit the spread of the virus and preserve the well-being of refugees, IDPs, and returnees across Iraq. To date, **87,119 displaced families (over 500,000 individuals) have cashed out their assistance** (21,856 refugee families and 65,263 IDP families). Further to the cash assistance, UNHCR has also distributed **62,496 sanitary kits** including hygiene and sanitary items for women and girls of reproductive age living in IDP and refugee camps.

During the past weeks, field offices have reported an increase in the number of families requesting additional cash support. Given the prolongation of the health crisis, UNHCR is currently evaluating this possibility. In the meantime, emergency cash has been provided to several displaced families in extremely vulnerable situations.

UNHCR continues to implement a series of activities aiming to reduce the spread of the virus in Iraq, particularly among the most vulnerable displaced populations. These activities include health awareness campaigns on COVID-19 in all refugee camps in Iraq as well as in most IDP camps and accessible urban areas with a high concentration of displaced individuals. Awareness remains key to flatten the COVID-19 infection curve in Iraq. As of mid-July, [32,400 brochures and 1,000 posters on COVID-19 preventive measures](#) have been distributed to persons of concern, camp-based Primary Health Care Centres (PHCC), camp management, and community outreach volunteers. In addition, the Iraq Information Centre (IIC), in collaboration with the Camp Coordination and Camp Management (CCCM) cluster, has developed a [WASH and hygiene-related SMS awareness-raising campaign which has reached a total of 291,541 IDPs](#) to date.

As part of the response to the COVID-19 outbreak in Iraq, UNHCR has also provided medical personal protective equipment (PPE), masks with filters, disposable shoes, surgical masks, gloves, and disposable medical gowns to medical staff in camps and at borders. As of mid-June, UNHCR had procured 6,000 masks, 10,200 pairs of gloves, 10,200 disposable shoes, 4,900 disposable medical gowns, and more than 150 full-body PPE suits and 150 masks with filters to be used in camp-based PHCCs and at borders. UNHCR has further launched a tender to procure an additional 330,150 masks, 1.3M gloves, 104,000 hand sanitizer bottles, 61,600 shoe covers, and 21,930 handwashing soaps for partner staff, along with an order for 386,100 masks, 121,000 gloves, 57,500 gowns, and N95 respirators to be supplied by UNHCR HQ, and a tender to procure hospital items for Mosul Burns Hospital. Furthermore, UNHCR has provided training to PHCC staff on case definition, detection, and management, and is in direct contact with public health authorities to support them in other areas. Moreover, UNHCR has identified potential quarantine and isolation sites within IDP and refugee camps across the country and has provided training for camp management staff in coordination with DoH and WHO.

## UNHCR OVERALL RESPONSE

Most basic services continue to function (albeit at limited capacity) in camps and areas with a high density of displaced populations. UNHCR has adopted new distribution modalities to ensure assistance continues to be delivered. The new modalities include door-to-door assistance to avoid mass gatherings and respect physical distancing, and remote protection monitoring, legal counseling, and psychosocial support, among others.

## FUNDING NEEDS

UNHCR in Iraq is urgently appealing for US\$35.7 million to scale-up its activities in response to COVID-19. The operation is immensely grateful for the swift support of US\$ 8.9M from the [United States of America](#), US\$1.5M from [Japan](#), US\$1.1M from the [European Union](#), and US\$ 135,000 from [Badr Jafar](#) that allows us to cover the most immediate health, protection, and basic needs of vulnerable displaced families in Iraq.

At this critical time, humanitarian action to save lives and alleviate the suffering of vulnerable populations remains imperative. UNHCR further appeals to donors not to deprioritize funding for regular programmes and thanks major donors of un-earmarked and broadly earmarked funds as well as donors who have contributed directly to Iraq operation in 2020 (*as of 25 August*)

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