

## IRAQ | UNHCR COVID-19 UPDATE

Reported COVID-19 cases across Iraq continue on the rise but at a slightly lower rate than in previous weeks, with a regular average of 3,400 daily reported cases during the past two weeks. The lower number of cases being reported dovetail with a decrease in the number of tests being conducted, with a current average of under 20,000 tests per day. The number of individuals who have contracted the virus as of 9 November stands at **501,733 cases**, over 114,000 additional cases in comparison to the last [update](#). Close to 30 per cent of these cases have been detected in Baghdad, followed by Basrah, Erbil and Wassit Governorates. Similarly, the number of deaths has increased to a total of 11,380. Meanwhile, the Government of Iraq (GoI) and the Kurdistan Regional Government (KRG) have conducted over three million tests.

### COVID-19 CASES IN IRAQ: 501,733

 Active 58,120
  Recovered 432,233
  Deaths 11,380

### COVID-19 CASES AMONG PERSONS OF CONCERN: 372

 Active 64
  Recovered 281
  Deaths 27



Displaced persons in Iraq being tested with PCR tests for COVID-19 in an IDP camp near Baghdad © UNHCR

### OPERATIONAL CONTEXT

During the past weeks, the GoI and the KRG have continued to maintain a lax approach towards COVID-19 restriction measures, with no major actions announced since the easing of restrictions in September. On 7 November, however, the Iraqi Higher Committee for Health and National Safety announced the designation of Iraqi airports as the sole entry point of non-Iraqi nationals into Iraq. The same day, the Committee declared the authorization of payments to purchase the first batch of the COVID-19 vaccine from the Global Alliance for Vaccines and Immunization (GAVI). In the Kurdistan Region of Iraq (KR-I), the KRG recently announced the suspension of in-person classes in all schools at all levels until December, without giving specific directions for universities. Meanwhile, the GoI agreed to designate 29 November 2020 as the start date for the new academic year in Iraq and to direct the Ministries of Education and Higher Education and Scientific Research to present their planned health preventative measures for the start of the new academic year.

## COVID-19 PROTECTION RISKS AND CHALLENGES

Following the lifting of lockdowns and easing of COVID-19 restrictions by Iraqi authorities, UNHCR has recorded a slight decrease in the overall COVID-19-associated protection risks and challenges reported by persons of concern. Nevertheless, the impact of the virus on displaced populations across Iraq remains massive, and most families continue to suffer its consequences disproportionately.

According to UNHCR's feedback and complaint mechanisms, and ongoing remote protection monitoring, the main concern raised by IDPs and returnees is the inability to access livelihood opportunities. Most individuals affected by displacement were living on daily wages, and the economic downfall resulting from the current situation has significantly affected their ability to make ends meet. This has translated into an increase in the number of individuals resorting to negative coping mechanisms. Other concerns widely raised by vulnerable displaced families include psychological trauma, stress, and anxiety, halt of education activities, and the rise of domestic violence, among others. The latest protection monitoring findings are updated regularly and can be accessed on the [Iraq National Protection Cluster site](#).

During the reporting period, the Protection Working Group issued the results of the first round of protection monitoring for refugees in response to COVID-19 covering August to September 2020. The exercise covered all governorates of Iraq, surveying 1,653 Syrian refugees and refugees of other nationalities focusing on the impact of COVID-19 on the protection environment. The results can be accessed on [UNHCR's 3RP Portal](#). Key findings revealed that:

- Most households surveyed felt well informed about COVID-19, predominantly sourcing information from media and close acquaintances, with the highest degree of trust resting in government sources;
- Over half of HH reported reducing overall consumption of food, taking on further debt, and restricting their movements in response to COVID-19, thus impacting access to livelihoods;
- Over half of HH reported feeling increasingly anxious due to the situation, with around one-third indicating their psychological state was impeding the way they went about their daily routine;
- Of boys and girls enrolled in formal primary and secondary school prior to COVID-19, fewer than half were continuing their schooling at home after physical school closures. Most parents felt unable to support their children's at-home learning.

Since the last update in October, UNHCR has recorded 78 new COVID-19 cases among IDPs and refugees. As of 9 November, **a total of 372 COVID-19 cases have been identified among UNHCR persons of concern (199 refugees and 173 IDPs)**, including 281 recoveries and 27 fatalities. At the moment, there are 64 cases in self-isolation either in their tents or in designated areas. Most of the new cases have affected IDPs in camps in Erbil, Ninewa, Duhok, and Kirkuk governorates. UNHCR is coordinating with the Directorate of Health (DoH) in the affected areas and is monitoring the situation closely. Contact tracing and testing have been conducted. Camp Coordination and Camp Management COVID-19 preparedness and response plans have been activated and implemented in all affected camps. 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.

After the closure of border crossing points for several months, the Peshkhabour Border Crossing Point (PKBCP) has been opening intermittently, facilitating the readmission to Iraq of Syrian refugees who were already registered in the Kurdistan Region of Iraq (KR-I). UNHCR continues to advocate with the GoI and the KRG to ensure refugees and asylum-seekers can safely enter the country. In addition, following the relaxation of COVID-19 restrictive measures, UNHCR has been allowed to resume certain activities such as the distribution of civil documentation to IDPs and refugees in collaboration with the GoI, notably the distribution of nationality certificates to IDPs in cooperation with the Directorate of Civil Status.

## ONGOING DISTRIBUTION OF COVID-19 SPECIFIC ASSISTANCE

As part of its efforts to limit the spread of the virus and preserve the well-being of refugees, IDPs, and returnees across Iraq, UNHCR continues to support families' access to basic hygiene items through the distribution of cash assistance and sanitary kits. To date, a total of **100,335 displaced families (over 565,500 individuals) have cashed out their assistance** (35,026 refugee families and 65,309 IDP families). Further to the cash assistance, UNHCR has also distributed over **77,780 sanitary kits** including hygiene and sanitary items for women and girls of reproductive age living in IDP and refugee camps.

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. Since the beginning of the outbreak, UNHCR has been distributing brochures and posters on COVID-19 preventive measures to persons of concern, camp-based Primary Health Care Centres (PHCC), camp management, and community outreach volunteers. In addition, UNHCR is collaborating with the Iraq Information Centre (IIC) and the Camp Coordination and Camp Management (CCCM) cluster in issuing sanitation and hygiene-related awareness-raising SMS's addressed at vulnerable displaced populations.

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. To date, UNHCR has 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 also delivered 40 beds, pillows, and mattresses, and 40 intravenous stands for medical equipment to the Mosul Burns Hospital. Additionally, a tender has been launched to procure 716,250 masks, 1.4M gloves, 104,000 hand sanitizer bottles, 61,600 shoe covers, 57,500 gowns, and 21,930 handwashing soaps for partner staff. In Duhok and Sulaymaniyah Governorates, refugees and IDPs are also supporting the response to COVID-19 by sewing masks and distributing them among health workers and displaced families. In Duhok, through the mask sewing project, refugee tailors produced 9,400 reusable masks that are being distributed in Domiz I & II, Bardarash, Akre, Gawilan, and Derabon camps. Furthermore, UNHCR has provided training to camp management and PHCC staff on case definition, detection and management, and has identified potential quarantine and isolation sites within IDP and refugee camps across the country 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, remote protection monitoring, case management, legal counseling, mental health 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](#), US\$ 143,00 from [Unilever](#) and US\$ 135,000 from [Badr Jafar](#) that allows us to cover the most immediate health, protection, and basic needs of 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 3 November*)

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