

## IRAQ | UNHCR COVID-19 UPDATE

With a regular average of more than 2,500 daily confirmed COVID-19 cases, the spread of the virus in Iraq continues to evolve at a concerning rate. The number of individuals who have contracted the virus as of 4 August stands at **134,722 cases**; close to double the number of cases in comparison to the last update. More than 40 per cent of these cases have been detected in Baghdad, followed by Basrah and Sulaymaniyah. Likewise, the number of deaths to date increased to a total of 5,017.

### COVID-19 CASES IN IRAQ: 134,722

 Active 33,602
  Recovered 96,103
  Deaths 5,017

### COVID-19 CASES AMONG PERSONS OF CONCERN: 90

 Active 79
  Recovered 9
  Deaths 2



Ongoing distribution of dignity kits to ensure access of vulnerable displaced families to sanitary items © UNHCR|R. Hussein

### OPERATIONAL CONTEXT

While the Government of Iraq (GoI) first announced on 16 July easing movement restrictions, a reduction of curfew hours, and the reopening of malls and shopping centres; on 22 July health authorities declared the reintroduction of a total lockdown set to start on the eve of Eid al-Adha until 9 August. In the Kurdistan Region of Iraq (KR-I), movements remain forbidden between governorates, and strictly limited within them. In addition, as of 23 July, all Iraqi airports were allowed to resume their activity. Both Baghdad and Basrah airports resumed part of their activity on the same day, while Erbil and Sulaymaniyah airports restarted operations on 1 August. Likewise, the main trade and commercial border crossing points reopened on 23 July as well. Furthermore, the GoI recently announced the reopening of private health clinics, the launch of an online medical consultations platform, the approval of recommendations for preventative measures at Iraqi airports, an increase of COVID-19 educational and public awareness, as well as strict fines on those who violate the health procedures. Meanwhile, the GoI and the Kurdistan Regional Government (KRG) have conducted over one million tests.

Due to the significant increase in the number of positive cases throughout the country, and the limited capacity of public health facilities in certain governorates, some Directorates of Health (DoH) are now accepting only moderate, severe, and critical cases for hospitalisation. Asymptomatic cases and those with mild symptoms are advised to self-isolate at home.

## 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 socio-economic consequences of this;](#)
- [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.](#)

According to UNHCR's feedback and complaint mechanisms, and ongoing remote protection monitoring, the main concern raised by refugees, IDPs, returnees, and stateless persons across Iraq is the inability to access livelihood opportunities as a result of restrictions on freedom of movement. Most individuals affected by displacement were living on daily wages, and the current 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, the rise of domestic violence, and lack of access to health care, among others, have also been raised widely as a direct concern by those affected by displacement. The latest protection monitoring findings are updated regularly and can be accessed on the [Iraq National Protection Cluster site](#).

While previously the closure of borders represented a major challenge preventing the arrival of refugees and asylum-seekers, since the end of July, authorities at the Peshkhabour Border Crossing Point (PKBCP) have been facilitating the readmission of Syrians who had returned to their country of origin for authorized purposes prior to the closure of the border. On 29 and 30 July, a total of 1,160 entered KR-I through PKBCP with final destinations to Erbil and Sulaymaniyah Governorates. According to PKBCP authorities, the border will be opened from Sunday to Wednesday every week to accept arrivals from Syria. Furthermore, following the rise in the number of COVID-19 cases across the country, UNHCR is steadily recording an increase in the number of individuals reporting lack of access to health care facilities.

As of 4 August, [a total of ninety COVID-19 cases have been identified affecting UNHCR persons of concern](#), including 9 recoveries and 2 death. This represents a significant increase in comparison to the last reporting period. Most of the new cases have occurred within the same communities in Baghdad and Erbil. UNHCR is coordinating with the DoH in the affected areas and is monitoring the situation closely. Contact tracing and testing have 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. Since public health facilities are now accepting only moderate, severe, and critical cases, UNHCR started to support DoHs to conduct training on COVID-19 home care. Trainings are currently taking place in Duhok, and more will be delivered across the KR-I targeting nurses of camp-based Primary Health Care Centers. The training will focus on monitoring, following-up medical conditions, and home care of positive cases in 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, over [87,109 displaced families \(over 500,000 individuals\) have cashed out their assistance](#) (21,846 refugee families and 65,263 IDP families). Further to the cash assistance, UNHCR has also distributed [over 44,615 dignity kits](#) (including hygiene and sanitary items) for women and girls of reproductive age living in IDP and refugee camps.

In addition, emergency cash has been provided to a number of displaced families in extremely vulnerable situations. It is worth noting that 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 will evaluate this possibility.

UNHCR continues to implement a series of activities aiming to reduce the spread of the virus in Iraq and particularly among the most vulnerable 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-June, [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 protective personnel 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 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 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 partners' 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 of COVID-19 cases, and is in direct contact with public health authorities to support them in other areas. Moreover, UNHCR, in coordination with DOH and WHO provided training for camp management staff. UNHCR has further identified potential quarantine and isolation sites within IDP and refugee camps across the country.

## 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 the COVID-19 outbreak. The operation is immensely grateful for the swift support of US\$ 6.5M 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 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 22 July*)

[Canada](#) | [Czechia](#) | [Denmark](#) | [Eid Charity](#) | [European Union](#) | [Finland](#) | [France](#) | [Germany](#) | [Ireland](#) | [Japan](#) | [Kuwait](#) | [Luxembourg](#) | [Netherlands](#) | [Norway](#) | [Private Donors](#) | [Qatar](#) | [Spain](#) | [Sweden](#) | [Switzerland](#) | [United Kingdom](#) | [United States of America](#)

## CONTACT

Baghdad | **Marwa Hashem**, Reporting Officer, [hashemma@unhcr.org](mailto:hashemma@unhcr.org)  
Erbil | **Yanet Bahena**, External Relations Officer, [bahena@unhcr.org](mailto:bahena@unhcr.org)  
Baghdad | **Alejandro Staller**, Associate Reporting Officer, [staller@unhcr.org](mailto:staller@unhcr.org)

## LINKS

[UNHCR in Iraq](#) | [Facebook](#) | [Twitter](#) | [Instagram](#)