

IRAQ | UNHCR COVID-19 UPDATE XII

Over the past weeks, Iraq continued to witness an increase in COVID-19 cases. The spread of the virus across the country keeps growing, with an ongoing rise in the number of positive cases, recently reaching over 2,800 new infections on a single day. The number of individuals who have contracted the virus as of 12 July stands at **77,506 confirmed cases**; 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 Sulaymaniyah and Basrah. Likewise, the number of deaths to date increased to a total of 3,150.

COVID-19 CASES IN IRAQ: 77,056



COVID-19 CASES AMONG PERSONS OF CONCERN: 17



Ongoing distribution of cash assistance to ensure access of vulnerable displaced families to sanitary items © UNHCR/IR. Hussein

OPERATIONAL CONTEXT

Following the continued increase in the number of infections, the Government of Iraq (GoI) and the Kurdistan Regional Government (KRG) have announced an extension of movement restrictions until further notice. In central and southern governorates, partial curfew is applied from 7PM to 6AM during weekdays and 24H during weekends. In the Kurdistan Region of Iraq (KR-I), movements between governorates are currently forbidden. In addition, mass gatherings and most public spaces remain closed countrywide until further notice, and the ban of commercial flights and closure of borders have also been extended until 15 July. Recently, the GoI and the KRG have further announced a series of measures to respond to the needs of health care facilities across the country. The government will increase collaboration with the private sector to enhance testing capacity, and reallocated funds to the Health Ministry to ensure resources are available to address all challenges arising from the virus outbreak. The GoI and the KRG have conducted over 682,000 tests to date.

Following the significant increase in the number of positive cases throughout the country, and given the capacity of public health facilities in certain governorates, some Directorates of Health (DoH) have stated that only moderate, severe, and critical cases will be accepted to their facilities. Asymptomatic cases and those with mild symptoms will be advised to self-isolate at home and will receive instructions on how to proceed. UNHCR in Iraq is already supporting the DoH in some governorates to conduct trainings on home care of COVID-19 cases.

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 include:

- Lack of livelihood opportunities and its socio-economic consequences;
- Closure of border crossing points preventing the arrival of refugees;
- Challenges to access camps and reach persons of concern in certain locations;
- Rise of domestic violence and Sexual and Gender-Based Violence (SGBV);
- Halt of education activities;

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. 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. In addition, closure of borders preventing vulnerable individuals from seeking asylum and protection in Iraq is of particular concern. While the Peshkhabour Border Crossing Point (PKBCP) has been opening intermittently for individuals wishing to return to Syria, so far, no movements have been allowed from Syria to KR-I. UNHCR continues to advocate with the GoI and the KRG to explore alternative options to enable the arrival of asylum-seekers in a safe manner. 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](#).

As of 12 July, **a total of 17 COVID-19 cases have been identified affecting UNHCR persons of concern**, including nine recoveries and one death. UNHCR is coordinating closely with the DoH of 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 strict movement restrictions. Given the increase in the number of cases in certain governorates, and the consequent decision to accept only moderate, severe, and critical cases in public health facilities, with asymptomatic and cases with mild symptoms being advised to self-isolate, UNHCR has started to support DoHs conduct trainings 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 trainings 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 **85,150 displaced families (over 489,000 individuals) have cashed out their assistance** (21,837 refugee families and 63,321 IDP families). Further to the cash assistance, UNHCR has also distributed **over 39,300 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 to note 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.

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 Hospital. Furthermore, UNHCR has provided training to PHCCs 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 9 July*)

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