


IRAQ | UNHCR COVID-19 UPDATE

In September, Iraq continued to witness a concerning increase in the number of COVID-19 cases, with a regular average of more than 4,100 new daily cases. The number of individuals who have contracted the virus as of 6 October stands at **387,121 cases**; over 155,000 additional cases in comparison to the last [update](#). Over 30 per cent of these cases have been detected in Baghdad, followed by Basrah, Wassit and Thi-Qar Governorates. Similarly, the number of deaths to date has increased to a total of 9,531, however, the increase has been at a lower rate than the number of new positive cases. Meanwhile, the Government of Iraq (GoI) and the Kurdistan Regional Government (KRG) have conducted over 2.3 million tests.

COVID-19 CASES IN IRAQ: 387,121

 Active 61,219
  Recovered 316,371
  Deaths 9,531

COVID-19 CASES AMONG PERSONS OF CONCERN: 294

 Active 65
  Recovered 215
  Deaths 14



UNHCR and partners distribute replacement tents in Bardarash refugee camp respecting social distancing © UNHCR|R. Hussein

OPERATIONAL CONTEXT

During the past weeks the Iraqi National Health and Safety Committee announced the relaxation of several COVID-19 restrictions and preventive measures within the country. Since 21 September, mosques, houses of worship, public and amusement parks, restaurants, event halls, and tourist facilities at five-star hotels were allowed to reopen on condition that they adhere to preventive measures as indicated by the Ministry of Health. The GoI further announced the reopening of border crossings for commercial purposes, however travel to Iraq for visitors from a number of countries remains banned. As the number of cases continue to grow, health facilities across the country keep facing increasing pressure to provide support to all affected individuals. Since the beginning of August, in most governorates, only moderate, severe, and critical cases are being accepted for hospitalisation. Asymptomatic cases and those with mild symptoms have been advised to self-isolate at home.

COVID-19 PROTECTION RISKS AND CHALLENGES

Protection risks and challenges since the outbreak of the virus in March remain as follows:

- 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 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 following the massive impact COVID-19 has had on the local economy. 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](#).

After the closure of border crossing points for several months, the Peshkhabour Border Crossing Point (PKBCP) has been opening intermittently facilitating mainly 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.

In September, UNHCR recorded 226 new COVID-19 cases among IDPs and refugees. As of 6 October, **a total of 294 COVID-19 cases have been identified among UNHCR persons of concern (112 IDPs and 182 refugees)**, including 215 recoveries and 14 fatalities. At the moment, there are 65 cases in self-isolation either in their tents or in designated areas, including two cases in hospitals. The recovery rate stands at 74 per cent. Similar to country trends, up to 70 per cent of the cases affecting IDPs and refugees have been reported in central and southern governorates, with the remaining 30 per cent reported in the KR-I. Most of the new cases have occurred within the same communities in Baghdad. During the reporting period, several new cases were identified in IDP and refugee camps in Anbar, Duhok, Kirkuk, and Ninewa 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, 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

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. During the reporting period UNHCR started the distribution of cash assistance to refugee families living in urban areas. Since the beginning of September, 12,536 refugee families living in urban areas have been reached with cash assistance to cover additional needs resulting from COVID-19. To date, a total of **100,217 displaced families (over 565,000 individuals) have cashed out their assistance** (34,954 refugee families and 65,263 IDP families). Further to the cash assistance, UNHCR has also distributed **70,421 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. 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. 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, case management, legal counseling, and 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](#), 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 29 September*)

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