

IRAQ | UNHCR COVID-19 UPDATE

Reported COVID-19 cases across Iraq continue to rise but at a slightly lower rate than in previous weeks, with a regular average of 2,500 daily reported cases during November. In recent weeks, the Government of Iraq increased its testing capacity beyond 20,000 tests per day. Initial reports indicate that despite the increase in the number of tests, the daily number of COVID cases across the country is decreasing. The number of individuals who have contracted the virus as of 5 December stands at 564,200 cases, with over 62,000 additional cases in comparison to the last <u>update</u>. Close to 30 per cent of these cases have been detected in Baghdad, followed by Basrah, Erbil, Sulyimaniyah and Wassit Governorates, the infection rate is rising other governorates including Duhok. Similarly, the number of deaths has increased to a total of 12,432. The Government of Iraq (GoI) and the Kurdistan Regional Government (KRG) have conducted over three and half million tests.

COVID-19 CASES IN IRAQ: **564,200**

COVID-19 CASES AMONG PERSONS OF CONCERN: 477

Active 58,201

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Recovered 493,567

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Deaths 12,432

Active

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Recovered

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Deaths



Refugee sewing project, producing reusable masks © 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 30 November, the GoI issued a decision to close all governmental and private schools, parks, shops, and shopping centres that have violated the pandemic's regulations and preventive measures. The schools in Federal Iraq commenced on 29 November, with students physically attending school one day per week. PM Mustafa Kadhimi issued a decision considering COVID-19 as a force majeure regarding all existing/valid projects and contracts. The period covered with this decision is from 20 February to 2 December 2020. In the Kurdistan Region of Iraq (KR-I), the KRG recently announced the suspension of the 14-day quarantine for travelers entering KRI. All schools at all levels remain closed while universities are operating.



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 <u>Iraq National Protection</u> Cluster site.

During the reporting period, the Protection Working Group issued the results of the **second round** of protection monitoring for refugees in response to COVID-19 covering October 2020. The exercise covered all governorates of Iraq, surveying 1,605 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 HH surveyed continue to feel well informed about COVID-19, sourcing information from media and close acquaintances, with the highest degree of trust resting in government sources;
- Consistent with Round 1, nearly all HH (94%) surveyed own at least one smart device, with slightly fewer able
 to access the internet (84%). Nevertheless, access to smart devices within a HH is restricted to just over half
 of spouses, and fewer than a quarter of children;
- Overall evictions and impacts of movement restrictions remained low, with 27 total evictions in Round 2 and 86 in Round 1, mainly due to the inability to pay rent;
- Consistent with Round 1, over half of HH reported reducing overall consumption of food, taking on further debt, and/or restricting movement in response to COVID, thus impacting access to livelihoods;
- From Round 1 to Round 2, there was a sharp increase in the percentage of HHs reporting turning to child marriage (42%), child labor (17%), and/or selling household items (17%) to generate funds.

Since the last update in November, UNHCR has recorded 125 new COVID-19 cases among IDPs and refugees. As of 6 December, a total of 477 COVID-19 cases have been identified among UNHCR persons of concern (199 refugees and 278 IDPs), including 354 recoveries and 42 fatalities. At the moment, there are 73 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 to 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. In Duhok, through the mask sewing project, refugee tailors produced some 1,230 reusable masks bringing the cumulative total to 9,400 reusable masks, which are being distributed in Domiz I, II, Bardarash, Akre, Gawilan camps, and Derabon return centre. UNHCR, through CwC partner, has launched the home mask-making campaign in Duhok governorate since mid-November with the aim to provide simple instructions on how to make reusable masks at home to support and empower POCs who may not afford to buy a mask. It has reached some 5,280 POCs (3,400 refugees, 1,400 IDPs, 480 host community members) to date. 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**, US\$ 143,076 from **Private Donors in UK** 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.

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