



Rapid Gender Analysis - COVID-19

Iraq – June 2020

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The views in this RGA are those of the author alone and do not necessarily represent those of the CARE or its programs, or any other partners.

Cover page photo: A woman seeking referral support to the service providers.

Image: Yasmin Alyas



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Abbreviations

CARE	Cooperative for Assistance and Relief Everywhere
CBO	Community-Based Organization
COVID-19	Novel Corona Virus Disease 2019
DV	Domestic Violence
GBV	Gender Based Violence
INGO	International Non-Governmental Organization
IPV	Intimate Partner Violence
KII	Key Informant Interviews
NGO	Non-Governmental Organization
PPE	Personal Protective Equipment
PSS	Psychosocial Support Services
RGA	Rapid Gender Analysis
SRH	Sexual and Reproductive Health
SRMH	Sexual, Reproductive, and Maternal Health
UNHCR	United Nations High Commission for Refugees
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WRO	Women's Rights Organization

Executive Summary

As a WHO declared “Public Health Emergency of International Concern”, COVID-19 has infected millions of people and affected more with its primary and secondary impacts¹. Reaching out to even the furthest corners of the world and changing the daily practices, there isn’t left a single life unaffected by the pandemic. Sharpening the existing inequalities, COVID-19 has proven itself quickly to be not the “great equalizer” it’s claimed to be.

Iraq has also not been immune to this global health crisis. After the confirmation of the first case in February 2020, Iraq has achieved to keep the number of infections relatively low thanks to a range of prevention and containment measures that were quickly taken. As of June 2020, Iraq is experiencing drastic increase in the number of people who contracted COVID-19 compared to the preceding months. With the everchanging context of COVID-19, women, girls, men and boys in Iraq have been affected differently; and they developed different coping mechanisms. Furthermore, their roles within households have been directly impacted by the crisis, and their participation and access to services also have reflected the gendered dynamics of the COVID-19. There has been an increase in the protection and gender-based violence risks identified and reported, and women and girls are disproportionately affected by these risks.

In order to understand and address the gendered dynamics of this crisis, national and local authorities, humanitarian and development agencies, besides donors and/or potential donors to Iraq should consider some **key recommendations** listed below:

- Ensure inclusive and accessible water, sanitation and hygiene services and materials for all communities, including women, girls, men, and boys with or without disabilities.
- Promote meaningful engagement and participation of women, girls and people with disabilities in all COVID-19 related decision-making around response and prevention.
- Ensure sharing information that is accessible by and appropriate for all members of the communities, including women, girls, boys, elderly, people with disabilities, those with low literacy rates or who belong to the linguistic minorities.
- Ensure access to food and nutrition by urban and rural vulnerable groups, including women, IDPs, refugees and other conflict affected communities.
- Prioritize and/or continue providing lifesaving protection and gender-based violence (GBV) services, which are adapted to the COVID-19 context.
- Systemically collect sex, age and disability disaggregated data (SADD) for COVID-19 to understand and analyse direct and indirect impacts of COVID-19 on different groups to inform programming.

Key findings

- Key hygiene materials that are available to the general populations are not accessible by conflicted affected groups in Iraq, such as IDPs in and out of camps.
- Women’s care burden has increased in the context of COVID-19 pandemic, due to the closure of schools and taking care of the infected household members.
- While the key messaging on COVID-19 is mainly being delivered via SMS, digital gender divide is present in Iraq, disproportionately affecting adolescent girls and women.
- Women and girls’ access to treatment for COVID-19 is at stake, as the quarantining unaccompanied is not accepted culturally.
- While reduction or changes in food consumption seems to be major coping mechanism utilized by communities, both government and humanitarian organizations seem to have limited or reduced food aid.
- There is a dramatic increase in the reports of GBV and severity of the risks of GBV, such as domestic violence and early/forced marriages.

¹ Primary impacts are the direct impact of the virus on the individuals; while the secondary impacts are those that are caused indirectly as a result of the fear due to the COVID-19 or the prevention or containment measures. For more information, visit: UNICEF, COVID-19 Emergency Response Monitoring and mitigating the secondary impacts of the COVID19 epidemic on WASH services availability and access, March 2020, <https://www.unicef.org/documents/monitoring-and-mitigating-secondary-impacts-coronavirus-disease-covid-19-pandemic-wash>

Introduction

Background information – COVID-19 in Iraq

The novel coronavirus disease 2019, or COVID-19, firstly detected in late December 2019, has spread across the globe since then and caused hundreds of thousands of deaths globally. Globally declared as a pandemic by World Health Organization (WHO) on 30 January 2020, novel coronavirus has quickly escalated to be a public health emergency. In order to prevent the spread of the virus, countries have undertaken various measures that include lockdowns, essential services including health systems fell short in many countries and economies have been hit hard. As numbers of people who contract COVID-19 are expected to continue increasing in the upcoming months, it is likely that various new measures will become part of daily lives for millions of people.

As a public health emergency, COVID-19 pandemic affect women, girls, men and boys differently. For instance, global RGA for COVID-19² found that intersectional approach is highly crucial in responding to COVID-19 since some specific vulnerabilities have been identified as part of the crisis. While older people and people with disabilities have increased vulnerabilities, there is also threat of racism against people of specific ethnic groups that are erroneously associated with the virus. Additionally, it has been highlighted that female health workers are facing double caregiving burden at work and at home. Furthermore, the decision-making bodies that are established for COVID-19 also don't seem to reflect a gender-balance and hence seem to fall short of representing women in decision-making.

Regional RGA for Middle East and North Africa (MENA)³ already notes that, the pandemic has notably impacted women and girls disproportionality particularly by reinforcing their traditional role as caregivers and extended responsibilities under lockdown situations. Additionally, it has been highlighted that women's economic situation is worsening by the crisis, as in the region the women have a higher proportional involvement in informal and insecure labour and lack of access to and control over the resources. With these considerations aside, regional RGA for MENA also concludes that men's inability to provide for their families within their traditional role as a breadwinner, intrahousehold tensions are increasing in the region.

"The latest bottleneck to contain and reduce the spread of COVID-19 in Iraq has been the shortage of supplies and equipment needed to collect and transport samples."

-Adham Ismail, the World Health Organization (WHO) Representative in Iraq

Source:

<https://news.un.org/en/story/2020/04/1061112>

While in Iraq, the numbers have been relatively low thanks to early preventative measures, there has been a significant increase over the last weeks. The travel restrictions persist throughout Iraq, and occasional lockdown measures are taken as necessary. While the first case of COVID-19 has been confirmed on 24th of February 2020, as of 7th of June 2020⁴, there have been 11,098 confirmed cases in Iraq and 318 deaths; and around 10% of the active cases are in KRI.

Both federal Iraq and KRI have put in place various preventative measures to limit the spread of COVID19 including but not limited to⁵:

² https://www.care-international.org/files/files/Global_RGA_COVID_RDM_3_31_20_FINAL.pdf

³ <https://www.careevaluations.org/evaluation/covid-19-rapid-gender-analysis-middle-east-and-north-africa-region/>

⁴ OCHA Iraq, COVID-19 Fact Sheet, 7 June 2020

⁵ Ibid

- Closure of all airports in Iraq, including KRI, to commercial flights for an indefinite time.
- Mandatory and supervised quarantine of all individuals arriving for a period of 14 days – including the diplomats and UN personnel.
- Border closures with neighbouring countries and restrictions over travel among governorates.
- Cancellation of end-of-year exams of the senior students by education authorities.
- Advice over use of masks, gloves and physical distancing, besides avoidance of gatherings⁶.

Objectives and Methodology

This Rapid Gender Analysis (RGA) aims to:

- Provide information about the different needs, capacities and coping strategies that COVID-19 potentially has on women, men, girls and boys and other vulnerable groups in Iraq.
- Inform humanitarian programming in Iraq by providing practical programming and operational recommendations to meet the different needs of women, men, boys and girls and to ensure we 'do no harm' in times of COVID-19.

The research has been undertaken from 7 to 12 June 2020; and due to the limitations and health risks around primary data collection under pandemic control measures in Iraq, the study focused on secondary data review of existing information both from CARE International in Iraq and MENA level RGA of CARE, besides the other available resources from government and humanitarian sector, including the peer agencies in Iraq. This RGA also benefited from the CARE's Adapted RGA toolkit and its ethical considerations guidance note for conducting RGA's during COVID-19.

Demographic profile

Sex and Age Disaggregated Data

Below can be found Iraq's population disaggregation by sex and age, according to the 2018 data⁷.

Sex and Age Disaggregated Data				
Female breakdown by age				
Area: Iraq	Age 0-14	Age 14-64	Age 65 and up	Total #
%	37.8	58.5	3.7	100 %
#	7,171,717	11,114,817	703,001	18,989,535
Male breakdown by age				
Area: Iraq	Age 0-14	Age 14-64	Age 65 and up	Total #
%	39	58.1	3	100 %
#	7,581,617	11,288,068	574,380	19,444,065

⁶ Kurdistan Regional Government, Ministry of Interior, Declaration 39

⁷ World Bank, Iraq Population Total, 2018 <https://data.worldbank.org/indicator/SP.POP.TOTL?locations=IQ>

Demographic analysis

Iraq is a quite diverse country with a population made up of various ethnic and religious groups that have various gender norms within their communities. Comprised of 19 governorates, Iraq also has an autonomous region in the northern part of the country. While the country has recognized autonomous Kurdish Region of Iraq (KRI) in 2005, some of the territories that exist in Erbil, Diyala, Salah al-Din and Ninawa governorates are disputed between the government of Iraq and KRI⁸.

Iraq's population is estimated to be around 38,433,600 million and 51% of the population is male, while 49.4% is female⁹. The 38% of this population is under the age of 15; 58% is between 15 and 64 years old and 3% is above 65. While the average household size in Iraq is 7.7¹⁰, it's 5.1 in KRI¹¹. Female-headed households make around 10% of the households in both Iraq and KRI^{12,13}. Lastly, around 12.3% households are polygamous where women are living with a co-wife of their husbands¹⁴. Humanitarian Needs Overview of Iraq (2020) estimates that around 4.10 million people are in need, out of which 15% are people with disabilities¹⁵.

According to Minority Groups International, there are various demographic groups in Iraq of which largest three are Shi'a Arabs, Sunni Arabs and Kurds, who are mainly following Sunni Islam. Although due to the sensitivity around the data collection on this, it is estimated that 99% of Iraqis are Muslim, divided among Shi'a and Sunni, and the remaining 1% is composed of various other religious groups including Christians, Yezidis, Kaka'i and Sbean-Mandaeans. Furthermore, while Arabs populate the 75 – 80 % of the communities, around 15 – 20 % are Kurds and there are also ethnic minorities of Turkmen, Shabak, Chaldeans, Assyrians, Armenians, black Iraqis and Roma¹⁶.

Findings and analysis

The following sub-sections will provide the summary of the findings from the secondary data review.

Gender Roles and Responsibilities

Control of resources

While in Iraq, women have a legal right to own land, work and open a bank account without permission from their husbands¹⁷, traditionally, men as the head of household have access and control over the family resources, including money and other assets. This is also clear in the labour force participation rates of females and males of ages 15 and older. While only 12.4% of females are participating in labour market, males' labour force participation reaches up to 72.6%¹⁸.

While traditionally the men are the decisionmakers in the family, there are reports from both men and women that indicate some joint decision-making on key household issues, such as buying/selling assets,

⁸ The Danish Immigration Service: <https://landinfo.no/wp-content/uploads/2018/11/Northern-Iraq-Security-IDPs-disputed-areas-Udl%C3%A6ndingestyrelsen-Landinfo-November-2018.pdf>

⁹ World Bank, Iraq Population Total, 2018 <https://data.worldbank.org/indicator/SP.POP.TOTL?locations=IQ>

¹⁰ United Nations, 2017, [Household Size and Composition Around the World](https://www.un.org/en/development/desa/pop/publications/2017-household-size-and-composition-around-the-world)

¹¹ KRI Demographic Survey, 2018 <http://iomiraq.net/file/56475/download?token=G6lKpomn>

¹² United Nations, 2017, [Household Size and Composition Around the World](https://www.un.org/en/development/desa/pop/publications/2017-household-size-and-composition-around-the-world)

¹³ KRI Demographic Survey, 2018 <http://iomiraq.net/file/56475/download?token=G6lKpomn>

¹⁴ Overview of the Status of Women Living Without a Safety Net in Iraq, 2018 https://migri.fi/documents/5202425/5914056/Report_Women_Iraq_Migri_CIS.pdf/ab7712ba-bad7-4a1f-8c1f-f3f4013428a7/Report_Women_Iraq_Migri_CIS.pdf

¹⁵ Humanitarian Needs Overview 2020, Iraq

¹⁶ Minority Rights Group International, 2018: <https://www.refworld.org/docid/4954ce672.html>

¹⁷ Gender in Brief Iraq, 2020

¹⁸ The 2019 Human Development Report <http://hdr.undp.org/sites/default/files/hdr2019.pdf>

migration/displacement, whether to have another child or accessing health care for children¹⁹. However, the impact of the crisis on women's participation in decision-making within the household seems to be disputed, as for some the crisis seem to lead to a re-negotiation of power dynamics within the households, while others see no changes²⁰. Within the COVID-19 context, family finances and food purchases seem to be important areas of decision-making and control of resources can have direct impact on the health outcomes of the individuals.

Division of (domestic) labour

Domestic labour and unpaid care work have direct impact on women's ability to participate in labour market and the type and/or quality of employment opportunities that are available to them²¹. Traditionally, majority of the household chores are considered women's job, as more than 40% of Iraqi men report that they do no household chores at all²².



A recent Rapid Gender and GBV Assessment²³ conducted by CARE International in Iraq found that majority of the women report being totally involved in cooking and cleaning since men tend to see these as women's job. While childcare and health care of relatives are also reported by women as their direct responsibility, men also tend to report involving in these partially. Food purchasing, on the other hand, seems to be more or less a shared task between women and men. Similar trends have also been observed in other locations, where women are mainly seen as responsible from the household and reproductive tasks, men are considered breadwinners. Before the pandemic, it was reported by the Overseas Development Institute that an Iraqi woman gives up 10.5 weeks per year more than a man doing the unpaid work²⁴. With the increasing caregiving needs due to current pandemic, it has been reported that women are still "taking on the lion's share" in terms of caregiving and household responsibilities²⁵. Furthermore, since the schools are closed, women's childcare responsibilities are also expected to increase in the times of pandemic.

Capacity and Coping Mechanisms

Understanding the capacities and coping mechanisms of the women, girls, men and boys in times of crisis is not only important in order to capitalize on them but also to understand the negative coping mechanisms to address the related protection risks to them. These capacities and coping mechanisms are related to both individual factors and the broader economic circumstances. Iraq's economy has been in precarious situation for a while, and the war against the Islamic State also brought a great damage to the economy as infrastructure was significantly damaged. According to the World Bank, the economic situation of Iraq was already negative before the COVID-19 pandemic and has remarkably worsened since the outbreak with the low oil prices and relevant global conditions²⁶.

With this worsening economic conditions, and limited livelihoods opportunities and trainings due to COVID-19, communities have been facing various challenges to cope with the so-called new normal. A recent analysis led by IOM found that top three concerns of communities in the wake of COVID-19 pandemic are

¹⁹ CARE Rapid Gender and GBV Assessment: Duhok, Deraluk, Qushtappa, Semel and Akre, April 2020, Unpublished.

²⁰ OXFAM & UN Women, Gender Profile - Iraq: A situation analysis on gender equality and women's empowerment in Iraq, 2018 <https://oxfamilibrary.openrepository.com/bitstream/handle/10546/620602/rr-gender-profile-iraq-131218-en.pdf>

²¹ OECD Development Centre, Unpaid Care Work: The missing link in the analysis of gender gaps in labour outcomes, 2014 https://www.oecd.org/dev/development-gender/Unpaid_care_work.pdf

²² Ministry of Planning Iraq (2012) [Iraq-Woman Integrated Social and Health Survey](#) (I-WISH)

²³ CARE Rapid Gender and GBV Assessment: Duhok, Deraluk, Qushtappa, Semel and Akre, April 2020, Unpublished.

²⁴ ODI. Women's work: Mothers, children and the global childcare crisis. March 2016.

<https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/10333.pdf>

²⁵ <https://reliefweb.int/report/iraq/safety-home-illusion-far-too-many-women-iraq>

²⁶ World Bank, Iraq's economic update, April 2020 <https://www.worldbank.org/en/country/iraq/publication/economic-update-april-2020>

19 test results are coming out³⁴, might create additional barriers for women and girls. Women and girls' travel to other governorates is already limited unless they are accompanied by a male companion³⁵, and under COVID-19 restrictions they might face further challenges in travelling among governorates.

Access to information



Overall in MENA region, the ways of receiving and sharing information seem to be different for women and men. While women and girls share information by word-of-mouth in their informal groups, while men tend to access official communication channels of authorities or public places³⁶. Although in Iraq, it has been noted that access of adolescent girls to mobile phones and the internet is common, the ownership is mixed as some of the adolescent girls share a phone with another family member³⁷. Therefore, in the context of COVID-19 women and girls might lose access to their informal social networks through which they receive and share information; and due to the digital gender divide, women and girls might face further challenges in accessing information.

Limited access to information also has been identified as one of the major protection risks in Iraq in the context of COVID-19, as information on how to prevent the transmission of the virus or what to do if infected are inconsistent.³⁸ While there are various organizations such as the Iraq Information Centre³⁹ and UNICEF⁴⁰, who are leading on information sharing, there seems to be need for a greater action based on the identified main sources of information for the communities. In a recent assessment conducted with 1442 key informants, 100% of them noted that TV is one of the main sources of information, 94% noted that social media is also one of them and 82% noted that word of mouth is also an important source⁴¹. Information through official SMS and through mukhtars⁴² or other community leaders also seem to be perceived as a major source of information for 57% and 56% of the participants, respectively. However, research has shown that there has been a gender gap in the comprehension of health-related messages; and therefore, there is a strong need for a localized messaging, particularly in areas where the literacy rates are low and there is linguistic diversity⁴³.

Access to services and resources

Limited/restricted **access to protection services/humanitarian assistance** has been identified as the major protection risk in Iraq⁴⁴. There are various risks and limitations around access to protection

³⁴ Ibid

³⁵ CARE International in Iraq, Rapid Gender and GBV Assessment: Duhok, Deraluk, Qushtappa, Semel and Akre, April 2020, Unpublished.

³⁶ Rapid Gender Analysis, MENA, April 2020 <https://www.careevaluations.org/evaluation/covid-19-rapid-gender-analysis-middle-east-and-north-africa-region/>

³⁷ Women's Refugee Commission & UNICEF, Harnessing technology to increase access to sexual and reproductive health information and services for adolescent girls in Lebanon and Iraq, <https://www.womensrefugeecommission.org/research-resources/harnessing-technology-to-increase-access-to-sexual-and-reproductive-health-information-and-services-for-adolescent-girls-in-lebanon-and-iraq/>

³⁸ Global Protection Cluster, Iraq: COVID-19 Protection Situation Report as of 06 May 2020, <https://www.globalprotectioncluster.org/2020/05/06/iraq-covid-19-situation-report-as-of-06-may-2020/>

³⁹ Ibid

⁴⁰ UNICEF, Spread awareness, not fear— UNICEF reaches 14 million people in Iraq through SMS with critical information related to Covid-19 <https://reliefweb.int/report/iraq/spread-awareness-not-fear-unicef-reaches-14-million-people-iraq-through-sms-critical>

⁴¹ NPC, Protection Monitoring in Response to COVID-19 Analysis -Protection Risks <https://app.powerbi.com/view?r=eyJrjoiOWVIZGY1NDktZTU2MC00OGMyLTkzMzAtNTUwNjNiOGI1Yzc0liwidCI6ImU1YzZM3OTgxLTY2NjQtNDZlNC04YTBlLTU1NDNkMmFmODBiZSIsImMiOiJh9>

⁴² Meriam-Webster dictionary describes mukhtars as the " the head of the local government of a town". <https://www.merriam-webster.com/dictionary/mukhtar>

⁴³ https://www.care-international.org/files/files/Global_RGA_COVID_RDM_3_31_20_FINAL.pdf

⁴⁴ Global Protection Cluster, Iraq: COVID-19 Protection Situation Report as of 06 May 2020, <https://www.globalprotectioncluster.org/2020/05/06/iraq-covid-19-situation-report-as-of-06-may-2020/>

services/humanitarian assistance, which include limited and/or lack of access to camps, restrictions over traveling, lockdowns and curfews. It has been noted by the Global Protection Cluster that Community Centers in camps and out of camps locations were closed due to prevention measures⁴⁵.



While majority of the key informants (75%), out of 1442 interviewed as part of remote protection monitoring by National Protection Cluster members, believe that all members of the community are able to **access health care**, another 19% also believes that this is not applicable for all. The main barriers to accessing health care, according to the key informants, are lack of medical facilities, personnel or equipment, distance and lack or cost of transportation to the facilities, cost of medical care, lack of information about medical facilities and lack of female staff. When it comes to COVID-19 related medical care, there has been particular concerns around quarantining women, who test positive for the virus, as some families might not allow them to remain in quarantine unaccompanied⁴⁶. This not only might hinder women's access to health services, but also lead to a further spread of the virus among the families and/or communities. Furthermore, pregnant women and girls, particularly those locked in camps, might face barriers accessing health care services that are outside of camps⁴⁷. Lastly, the global evidence suggests that there are major disruptions to the contraceptive supply chain, and unintended or forced pregnancies are increasing with the crisis⁴⁸.

With the spread of the COVID-19 pandemic, the importance of accessible and inclusive water, sanitation and hygiene (WASH) needs even became clearer. As washing hands with soap and water or using alcohol-based hand rubs have been advised by WHO as one of the protection measures against the risk of infection⁴⁹, access to water and hygiene materials could have a lifesaving importance. The national WASH Cluster of Iraq also notes that IDPs in and out of camps and recent returnees have already been facing high public health risks associated with disease outbreaks, and the COVID-19 pandemic has exacerbated these risks by creating barriers on the IDPs and services that are being provided to them; and **key hygiene materials** that are available for general populations are not accessible for those conflict affected groups⁵⁰. It should be also noted the gaps in both women and girls in IDP camps and those who are quarantines, might be facing barriers in accessing **menstrual hygiene materials**. Due to the lockdown measures and curfews, the access to menstrual hygiene materials can be challenging for all women and girls, as these materials need monthly replenishment and their availability in the market can be inconsistent due to stock-outs and panic buying⁵¹.

In a recent assessment, Lotus Flower organization found that in the assessed IDP camps, a great majority of the respondents face increased **financial hardship** with the outbreak of the pandemic⁵². However, **in accessing cash transfers**, communities face some limitations, as cash transfer programmes including for food, protection and winter items face barriers due to movement restrictions, the liquidity crisis in Iraq, acceptance of cash, market prices and limited access to IDPs by third-party mobile transfer companies⁵³.

⁴⁵ Global Protection Cluster, Iraq: COVID-19 Protection Situation Report as of 06 May 2020,

<https://www.globalprotectioncluster.org/2020/05/06/iraq-covid-19-situation-report-as-of-06-may-2020/>

⁴⁶ <https://www.demworks.org/impact-coronavirus-women-iraq>

⁴⁷ GBV Sub-Cluster Iraq, Guidance Note on GBV Service Provision during the Time of COVID-19, May 2020

⁴⁸ International Planned Parenthood Federation, Contraception and COVID-19: Disrupted supply and access, April 2020

<https://www.ippf.org/blogs/contraception-and-covid-19-disrupted-supply-and-access>

⁴⁹ WHO, Coronavirus disease (COVID-19) advice for the public, <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

⁵⁰ National WASH Cluster Iraq COVID-19 Response Guidance Note – 23 March 2020

⁵¹ UNICEF, Mitigating the impacts of COVID-19 and menstrual health and hygiene

<https://www.unicef.org/media/68371/file/Mitigating-the-impacts-of-COVID-19-on-menstrual-health-and-hygiene-Brief.pdf>

⁵² The Lotus Flower, Post-COVID-19 Assessment, May 2020

⁵³ OCHA Iraq, COVID-19 Fact Sheet, 7 June 2020

humanitarian programming with existing protection risks, barriers and coping mechanisms proven important approach that can promote participation of the communities in humanitarian programming.

Women's organisations

Various groups, associations and networks of women have been active in the county since long before the pandemic. These women groups have been quite active in taking role for responding the crisis and advocating for women rights. For instance, Iraqi Women's Network, which worked with more than 100 local organizations to submit a CEDAW Shadow Report in 2019⁵⁹.

After the pandemic outbreak, various women's groups such as Salah al-Din Women's Peace Group have also taken action to support communities during this health crisis⁶⁰. Salah al-Din Women's Peace Group, formed by UNDP Iraq with support from the Government of Denmark, are actively working to prevent and response to the pandemic by setting up first aid clinics, producing and distributing Personal Protective Equipment (PPE) and sharing information, besides providing basic items such as food and clothing to the people in need.

" My advice to every woman who has the capability is to serve her community first, and then worry about your own concerns second. And also, to be a role model and motivate all women to get involved. "

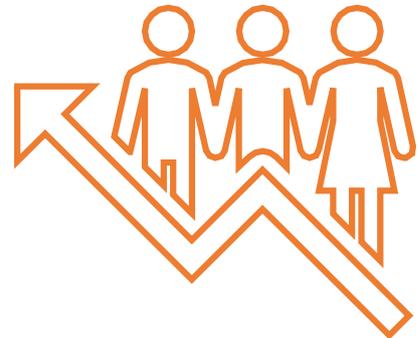
-Rafla, Member of a Salah al-Din Women's Peace Group

Source:

<https://www.iq.undp.org/content/iraq/en/home/stories/2020/04/iraqi-women-at-the-forefront.html>

Protection

Overall, there seems to be various protection risks that increase after the COVID-19 pandemic. However, the most pressing one seems to be limited/restricted access to protection services and/or humanitarian assistance⁶¹. 64% of the key informants, out of 1442 interviewed as part of second round of remote protection monitoring under National Protection Cluster's lead, believe that general protection issues affecting communities have either significantly or very significantly increased since the beginning of the pandemic⁶². Furthermore, the same key informants reported that the most common protection risks that affect the communities are respectively restrictions on freedom of movement (70%), psychological trauma, stress and anxiety (42%), lack of civil documentation (29%) and lack of access to health care (22%). Additionally, a recent assessment found that 72% of the respondents (out of 300 interviews) were experiencing some **mental health difficulties** (74% women and 62% men) and 85% of these respondents indicated that these difficulties started after the pandemic⁶³. Hence, the COVID-19 pandemic seems to not only exacerbate existing protection risks, but also led to existence of new ones for the communities.



⁵⁹ <https://www.wilpf.org/how-a-collective-of-iraqi-women-is-bringing-the-country-closer-to-peace/>

⁶⁰ <https://www.iq.undp.org/content/iraq/en/home/stories/2020/04/iraqi-women-at-the-forefront.html>

⁶¹ Global Protection Cluster, Iraq: COVID-19 Protection Situation Report as of 06 May 2020, <https://www.globalprotectioncluster.org/2020/05/06/iraq-covid-19-situation-report-as-of-06-may-2020/>

⁶² NPC, Protection Monitoring in Response to COVID-19 Analysis -Protection Risks <https://app.powerbi.com/view?r=eyJrIjoiOWVlZGY1NDktZTU2MCM0OUMyLTkzMzAtNTUwNjNiOGI1Yzc0IiwidCI6ImU1YzZM3QTqxLTY2NjQtNDEzNC04YTBiLTU1NDNkMmFmODBiZSIsImMiOiJh9>

⁶³ The Lotus Flower, Post-COVID-19 Assessment, May 2020

Gender Based Violence

According to the Humanitarian Needs Overview Iraq 2020 (HNO), 1.29 million people are at risk of GBV in Iraq. Of these in need, 84% are women, 39% are children, 5% are older persons and 5% are people with disabilities. Furthermore, it is also noted that 98% of the GBV survivors who reported GBV are women or girls and the main incidents reported are domestic violence followed by forced/child marriages⁶⁴. However, reporting is quite limited as there are many GBV survivors who refuse referral to specialized services due to fear of stigma and mistrust in available services and avenues for legal redress, as well as the potential for further violence⁶⁵. Emerging global data shows that COVID-19 pandemic increased the risk of violence against women and girls, particularly of domestic violence⁶⁶. The measures of confinement meant for many women and girls to confine in a location with their abusers. The situation is not much different in Iraq.

According to the GBV Sub-Cluster of Iraq, COVID-19 has increased the risk of GBV in Iraq through various ways⁶⁷. Firstly, due to the restrictions on movement and confinement measures, the GBV survivors might face challenges in accessing the lifesaving GBV services including safe shelters. This is also even more striking, as there is no possibility of sheltering all the women that face abuse due to lack of a law that protects the survivors⁶⁸. Furthermore, it has been noted that resources might be directed to health interventions and this can lead to gaps in GBV service provision. Secondly, loss of livelihoods due to economic consequences of COVID-19 pandemic can have dire impact on women as it might increase the risk of exploitation and sexual violence. Loss of breadwinner position in household from men's side can potentially trigger intrahousehold conflict. Lastly, the crisis can increase the burden of women and girls, who are mostly the caregivers to the children, the sick and the elderly, and hence lead to an increased risk of infection. This is also valid for girls, whose schools are closed and who might be undertaking additional caregiving roles.

" We've received reports that some women cannot leave the house to seek medical care because of the stigma and shame it could bring to their families, but also because cultural norms do not allow women to be alone in quarantine centres in the absence of a male relative. "

- Danielle Bell, Head of UN Human Rights in Iraq

Source: <https://reliefweb.int/report/iraq/safety-home-illusion-far-too-many-women-iraq>

The remote protection monitoring led by 12 organizations in 110 assessed sub-districts by conducting 1442 key information interviews on June 2020 has also showed that main protection risks affecting women and girls are psychological trauma (68%), stress and anxiety; lack of specialized services for women (45%); lack of safe space and privacy (36%) and violence or abuse within families/households (23%)⁶⁹. More than 50% of the interviewees also reported a significant increase in the severity of these issues. Furthermore, there has been increased reports of GBV, such as domestic violence, self-immolation, self-inflicted injuries due to spousal abuse, sexual harassment of minors and suicide, and transactional sex⁷⁰. Furthermore, a recent assessment conducted in three IDP camps in KRI also shown

⁶⁴ Humanitarian Needs Overview, 2020 Iraq

⁶⁵ Ibid

⁶⁶ UN Women. COVID-19 and Ending Violence Against Women and Girls. 2020, <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girls-en.pdf?la=en&vs=5006>

⁶⁷ GBV Sub-Cluster Iraq, Guidance Note on GBV Service Provision during the Time of COVID-19 , May 2020

⁶⁸ <https://iraq.unfpa.org/en/news/how-many-more-women-should-suffer-there-law-protect-them>

⁶⁹ NPC, Protection Monitoring in Response to COVID-19 Analysis -Protection Risks <https://app.powerbi.com/view?r=eyJrjoiOWVIZGY1NDktZTU2MC00OGMyLTkzMzAtNTUwNjNiOGI1YzclIiwidCI6ImU1YzM3OTxLTy2NjQtdEzNC04YTBlTY1NDNkMmFmODBiZSIsImMiOi9>

⁷⁰ Global Protection Cluster, Iraq: COVID-19 Protection Situation Report as of 06 May 2020,

<https://www.globalprotectioncluster.org/2020/05/06/iraq-covid-19-situation-report-as-of-06-may-2020/>

that 89% of the respondents (out of 300 interviews) indicated an increase since the start of the COVID-19 pandemic; while 37% of them indicated that they know girls under 18 who got married during last 3 months (immediately before or during the COVID-19 pandemic)⁷¹.

In order to continue providing GBV services, GBV Sub-Cluster of Iraq has recommended the agencies providing case management services to adopt remote modality for case management services and provided guidance on how to ensure service delivery in line with the GBV minimum standards for prevention and response, and GBV guiding principles⁷². Furthermore, the National Protection Cluster prioritized the following GBV activities for the humanitarian organizations in Iraq: dignity kits, psychosocial support, case management and referrals of cases.

Sexual Exploitation and Abuse

Previous public health emergencies have shown that, with the higher demand for supplies and services and new humanitarian responders with less or limited information on do-no-harm principles entering the field, there has been an increase in the risk of SEA⁷³. There has been also reports from various countries that there is an increased risk of sexual exploitation and violence by state officials and armed guards under lock down measures, besides health workers⁷⁴. Similarly, the previous experiences also showed that there are also increased risks of sexual exploitation and abuse perpetrated by outsiders transferring goods to the community and demanding sex in return for assistance⁷⁵. Furthermore, it is well-known by the past experience that women and children are at a higher risk of SEA.

In Iraq, the reports of sexual harassment of minors and transactional sex have been already increasing⁷⁶ and this might not even be revealing the full scale of the issue, as lockdowns and curfews might hinder access to existing reporting and response mechanisms for various groups. The changing security situation, travel restrictions, and security forces deploying into communities to enforce measures might be adding up further risks to the crisis under which perpetrators might be taking advantage of those in need of assistance or services.

Conclusions



Although both federal Iraq and KRI have achieved to keep the pandemic under control since the first confirmed case on February, 2020 thanks to various measures undertaken immediately, the increasing numbers of infections over the last couple of weeks might be pointing to a trend that might continue for a longer period of time. The country still has opportunity to continue managing the crisis, which otherwise could potentially result in widespread and devastating impacts in Iraq, particularly among the most vulnerable including the 300,000 internally displaced persons (IDPs) in formal camps and more than 150,000 in informal settlements⁷⁷.

As with all other crisis, women, girls, men and boys are differently affected by COVID-19 pandemic due to different roles given to them in their communities; needs, capacities and coping strategies they have.

⁷¹ The Lotus Flower, Post-COVID-19 Assessment, May 2020

⁷² GBV Sub-Cluster Iraq, GBV Case Management Guidance Note during COVID-19 Outbreak, Iraq

⁷³ IASC Interim Guidance on COVID-19: Protection from Sexual Exploitation and Abuse; March 2020.

⁷⁴ Erika Fraser (16 March 2020) 'Impact of COVID-19 Pandemic on Violence against Women and Girls', <http://www.sddirect.org.uk/media/1881/vawg-helpdesk-284-covid19-and-vawg.pdf>

⁷⁵ Ibid

⁷⁶ Global Protection Cluster, Iraq: COVID-19 Protection Situation Report as of 06 May 2020, <https://www.globalprotectioncluster.org/2020/05/06/iraq-covid-19-situation-report-as-of-06-may-2020/>

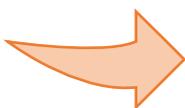
⁷⁷ UNHCR, CCCM Cluster Iraq, https://data2.unhcr.org/en/situations/iraq_cccm

Hence, the response plans for COVID-19 at minimum should be informed by gender and intersectional analysis and should be capitalizing on the leadership and agency of women and girls; and capacity of men and boys for transformative change.

Recommendations

The following recommendations are targeted towards humanitarian and development actors in Iraq, including the donors that are funding or aiming to fund programs in Iraq.

Overarching recommendation



This RGA should be updated and revised as the COVID-19 pandemic unfolds. Up-to-date gender analysis of the shifting gender dynamics within affected communities allows for more effective and appropriate programming and will ensure humanitarian assistance is tailored to the specific and different needs of women, men, boys and girls. It is recommended that organizations continue to invest in gender analysis, that new reports are shared widely and that programming will be adapted to the changing needs.

Gender specific recommendations

- **Address structural barriers and power imbalance in accessing the services.** As the existing gender inequalities and power imbalances are exacerbated within the COVID-19 context, ensure that stigma, xenophobia and gender inequality are considered throughout the programme design and implementation. Carefully monitor the programme outcomes and ensure integration of measures that can promote equitable access for all.
- **Ensure access to gender-sensitive Personal Protective Equipment (PPE) by all groups,** including women frontline workers who are at the increased risk of infection. With the risk of stocks running out and unavailability of the PPEs that are gender sensitive enough to respond the diverse needs of women, girls, men and boys the risk of infection increases for all.
- **Prioritize provision of Menstrual Hygiene Management (MHM) materials for women and girls,** including for those working for the response to the COVID-19 pandemic. Due to the access restrictions and panic buying, their availability in the market can be inconsistent, and this in return can impact the mobility, participation, health and safety, besides causing stress and anxiety.
- **Promote meaningful engagement and participation of women, girls and people with disabilities in all COVID-19 related decision-making** around response and prevention. All responding actors should promote women's leadership in decision making bodies at local and national levels, including within their own structures and managements. Opportunities, that address structural barriers, should be created to ensure meaningful participation of people with disabilities

Gender mainstreaming recommendations

- **Systemically collect sex, age and disability disaggregated data (SADD) for COVID-19:** Systematic collection and analysis of SADD can help to reveal the direct and indirect impacts of COVID-19 on different groups. Majority of the existing in country data relating to COVID-19 are not disaggregated by sex, age and disability; and this not only prevents a thorough understanding of the crisis but also comprehensive response to it.

- **Partner with local women organizations**, as in the context of COVID-19 the local organizations can have an uninterrupted access to the communities; while local women organizations can best know and respond to the needs of women and girls, whose specific needs are often neglected. All humanitarian and development actors responding to the crisis should consider promoting leadership of local women organizations, not just as mere recipients of support but as champions of the response and agents of the change.
- With the expected increased risk of SEA, **ensure training of frontline staff in PSEA and Code of Conduct**. By conducting SEA risk analysis, mitigate the potential SEA risks in service provision. Ensure awareness raising on the safeguarding procedures, complaint, feedback and response mechanisms (CFRM) among the communities that are accessible to all including women, girls, boys and people with disabilities.
- **Ensure GBV risk mitigation in all sectoral responses**. Identify the GBV risks in the programmes by engaging the communities with non-traditional ways (i.e. phone consultations or interviews) and incorporate measures to address those risks. Train the frontline staff in referral pathway and how to conduct safe GBV referrals.
- **Consider gender-sensitive and culturally appropriate treatment and quarantining options** for women and girls that are infected with COVID-19. Quarantining women and girls unaccompanied can raise concerns within their families and can hinder their access to healthcare or treatment.
- **Train all frontline workers in Psychological First Aid (PFA)** to ensure helping communities in distress to feel calm and better cope with the challenges brought by COVID-19 pandemic. The uncertainty associated with and fear of COVID-19 can dramatically affect the wellbeing of the individuals and can reduce healthy coping mechanisms. Providing PFA to the communities can promote health coping mechanisms and help individuals to make informed decisions.
- **Ensure sharing information that is accessible by and appropriate for all members of the communities**, including women, girls, boys, elderly, people with disabilities, those with low literacy rates or who belong to the linguistic minorities. Consider the gender divide in technology and diversify the means of sharing information. Localize the messaging, particularly in the areas where the literacy rates are low and there is linguistic diversity. Understanding the main means of communication, ensure communicating consistent information with the communities to prevent misinformation around COVID-19.

Sector specific recommendations

- **Sexual, Reproductive and Maternal Health (SRMH)**: Protect essential health services for women and girls, and continue providing these services in IDP camps, while also addressing barriers to access those services that are out of the camps for the women and girls residing in IDP camps. Sexual and reproductive health services, including maternal health care, family planning and clinical management of rape (in line with the Minimum Initial Service Package for reproductive health), are often overlooked during the times of crisis, while the need for them is increasing⁷⁸.

⁷⁸ UNFPA, COVID-19: A gender lens: Protecting sexual and reproductive health and rights, and promoting gender equality (March 2020) <https://reliefweb.int/report/world/covid-19-gender-lens-protecting-sexual-and-reproductive-health-and-rights-and-promoting>

- **Gender-based Violence:** Per guidance of National GBV Sub-Cluster for Iraq⁷⁹, prioritize lifesaving GBV activities to GBV survivors, such as GBV case management and referrals, individual structured psychosocial support (PSS) and dignity kits. Considering the increased risk of GBV and reports, prioritize both prevention and response activities and ensure access of communities to the services that are living isolation. Ensure updating the referral pathways in coordination with the local or national GBV Working Group or Sub-Cluster, as some services might become unavailable while others might be becoming available.
- **Protection:** Since limited/restricted access to protection services and/or humanitarian assistance is identified as a major protection risk in Iraq, understand the different protection risks faced by women, girls, men and boys; and consider the barriers they face in accessing protection services. Advocate for unlimited and unconditional access to the protection services, that are needs based. Continue legal assistance for civil documentation and detention representation as they can directly impact the physical and emotional wellbeing of the individuals in the COVID-19 context.
- **WASH:** Ensure inclusive and accessible water, sanitation and hygiene services and materials for all communities, including women, girls, men, and boys with or without disabilities. Consider the special needs in the IDP camps and among the conflicted affected populations. Gender-sensitive and inclusive provision of WASH services should be a priority area of intervention as it can promote protection of communities against the risk of infection with COVID-19.
- **Food Security and Livelihoods (FSL):** As the food supply chains are already directly impacted by the pandemic, and reductions in food consumption are being used as a coping mechanism in Iraq, ensure access to food and nutrition by urban and rural vulnerable groups, including women, IDPs, refugees and other conflict affected communities. While distributing food to the those in immediate need, consider different needs of the communities (i.e. children; or pregnant or lactating women).

⁷⁹ GBV Sub-Cluster Iraq, Guidance Note on GBV Service Provision during the Time of COVID-19
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