
IRAQ | Survey on impact and long-term needs of women's actors in the context of covid-19

INTRODUCTION

Over the past few years, Iraq's health system has faced many challenges, including internal conflict and the world's biggest mass displacement in 2014–2016, all of which had a tough toll on an already fragile health system.

The sudden eruption of the virus in the neighbouring Islamic Republic of Iran scaled up the risk of the disease spread in Iraq and necessitated faster prevention and infection control measures especially in the holy cities and pilgrimage sites, bordering governorates, and vulnerable communities in internally displaced and refugee camps.

But the greatest challenge to Iraq's covid-19 response is the dramatic deterioration of state-society relations. Studies reveal a profound societal distrust of Iraq's public healthcare institutions, due to corruption and militarisation of medical institutions. Numerous videos have recently circulated of families refusing to turn over sick members - particularly women - to medical teams visiting households with confirmed or suspected cases. The pandemic has also led to a horrifying increase in violence against women, nearly one in five women worldwide has experienced violence in the past year. Many of these women are now trapped at home with their abusers, struggling to access services that are suffering from cuts and restrictions.

The global crisis induced by the covid-19 might severely hit the already under-funded women's rights movement in the region, and Iraq in particular. Most at-risk organisations are grassroots organisations, working with rural or marginalised women. Overall, Iraq reported a total of 99,850 confirmed cases with 4,000 deaths all over the country at the point of issuing this report, and lately, figures have been rising¹.

This paper presents the main findings of an assessment on the effects of covid-19 on women rights and gender equality conducted by Kvinna till Kvinna in April 2020 through a survey sent out to its Iraqi partner organisations. The partners' responses detailed the impact of the pandemic on women and girls in Iraq as well as on their work. The analysis of the survey showed the needs and challenges in addition to the adaptations put in place to respond to the crisis.

The document relied also on data collected from different reports and analysis produced by Kvinna till Kvinna's Iraqi partner organisations as well as other humanitarian and development actors in Iraq. The recommendations are aimed to guide the donor and international community's way forward in Iraq to ensure a more flexible and empathetic support to women and girls and local women-led grassroots organisations considering the covid-19 pandemic and the needed community led responses. In addition, some recommendations aim to serve local Iraqi authorities and other civil society actors in Iraq as guidance for practical steps to take when dealing with the ongoing covid-19 pandemic.

¹ <https://covid19.who.int/region/emro/country/iq>, data as of July 2020

Summary of Key Findings

- Gender-based violence (GBV) has increased in all its forms in Iraq during the covid-19 crisis, with an inadequate referral system aggravating the situation.
- Iraqi women face increased stress and burden, mainly owing to:
 - lack of family income due to the crisis,
 - unequal caregiving roles in the family and related unpaid care work by women,
 - being responsible for home-schooling of children.
- There is a lack of systematic data collection on challenges and effects for women and girls at local level.
- Sexual and reproductive health services have been deprioritised during the crisis, in an already weak healthcare system.
- Continued lack of commitment of law enforcement for protecting women and girls during the pandemic despite the severity of the situation, especially in terms of GBV.
- Continued lack of financial support: the social security system in Iraq proved to be inefficient in responding to the covid-19 crisis. Therefore, women's actors and other Iraqi NGOs shifted their programs to support communities in terms of providing NFI and essential food for families; especially those dependent on informal employment through daily wages and female headed households.
- Lack of access to awareness material on covid-19 for marginalised women (especially in low-income families and IDP settings, women and girls in rural communities, women with disabilities) increased their vulnerability.
- Women's actors were quick in finding alternative methods in implementing programs and support, e.g. rapidly shifting to online/ social media channels to provide awareness and support for covid-19, GBV and other related topics.
- Overall, women's actors felt they were well-qualified to respond to this crisis, but also mentioned that continued good relationships with governmental administrative bodies and INGOs were imperative in order to be able to continue programming in this situation.

Recommendations to Donors

- Increase funding for women's actors, in particular grassroots initiatives, in Iraq, as the government is gender-blind in its response. Funds need to be long-term as women's actors adapt their work to respond to the gendered impact of this crisis.
- Provide increased core funding, which local organisations can also use flexibly for staff and office costs. Consider also converting existing project grants into such core funds.
- For existing non-core funding, enable quick procedures with regards to necessary program adaptations of partners, including possible changes between development to humanitarian program activities and vice-versa, if required.
- Make application processes more flexible and less burdensome, considering that Iraqi organisations are also dealing with ongoing security-related challenges on a daily basis. Consider hereby also offering applications in Arabic language to increase access to funds.
- Adapt a collective intersectional response, response, taking into consideration that risks are affecting women and girls differently, especially thinking of diverse needs depending on geographical areas in Iraq, age, disabilities, marital status, chronic illnesses, etc. For example, information should be made accessible in various forms and formats, including pictorial to ensure that women and girls with different educational levels can understand the risks associated to the pandemic.
- Ensure that humanitarian aid and basic needs distribution include:
 - o Sanitary kits for women and girls, especially in marginalised areas
 - o Food baskets
 - o Cleaning and hygiene kits
- Support grassroots and women's rights organisations providing online family planning, sexual and reproductive health counselling, and capacity of mobile clinics, as well as online psychosocial support.
- Increase fund to support self-care and mental health support among staff, especially those who face challenges from taking care of children.
- Support virtual and online tools for remote work, IT equipment and cover digital security-related costs.
- Support women's actors in conducting a joint advocacy campaign on policies responding to women's needs during the pandemic. Media plays a crucial role in awareness raising and it is therefore highly important to utilise it in highlighting women's issues.
- Prioritise access to sexual and reproductive health services and ensure that women and girls can seek care despite restrictions on mobility related to covid-19.
- Advocate for joint monitoring and women's inclusion by:
 - o Contribute to joint monitoring and reporting on situation of women and girls, marginalised groups/areas, and operating space/restriction on civil society (particularly women-led organisations) and consequently develop joint advocacy messaging and actions.
 - o Support inclusion of women leaders, women-led organisations/networks as critical partners in covid-19 response plans.
- Advocate at national level to Iraqi government with regards to all identified recommendations to Iraqi authorities.

Recommendations to Iraqi Government Authorities

- Consult women actors on response and recovery in all aspects of the covid-19 response in Iraq.
- Systematically include female health cadres to transfer and accompany female suspected cases to quarantine.
- Lift the complete lockdown of the judicial system for courts to resume working for emergency, family and GBV cases in all governorates. Hereby, also innovative solutions should be assessed, such as online court meetings.
- There is a strong need to collect gender data systematically on all aspects (challenges and effects of covid-19). The government and NGOs need to work on developing a solid database reflecting data on female-headed households and families and informal employment through daily wages and utilise the data for informing the social security system in Iraq and providing emergency support during crisis.
- Have at least one female member as part of the Iraqi Crisis Cells to monitor and improve their response to women's issues, especially in terms of law enforcement on GBV cases.
- Improve digital communications and internet services for public and private institutions and NGOs to be able to operate during the lockdown and social distancing measures.
- Government and NGOs to improve coordination for better referral systems in terms of health, GBV and PSS.

Recommendations to Civil Society Actors in Iraq

- Include (or prioritise) marginalised women especially rural women and women with disabilities in programming.
- Conduct covid-19 awareness raising sessions among families in local communities that do not allow testing or quarantining of their daughters, owing to clan traditions and because the health staff accompanying covid-19 suspected cases are all male.
- Continue online GBV case management, while ensuring digital security and continuous wellbeing and technical support to case managers.
- Encourage volunteerism at local level and build on the momentum of the crisis by recruiting more female volunteers during the crisis.
- Adapt existing women economic empowerment programming to support women in producing masks and other medical uniforms needed during the covid-19 crisis.
- Advocate to local authorities to systematically include female health cadres to transfer and accompany female suspected cases to quarantine.
- Advocate at local level to Iraqi authorities with regards to all identified recommendations to Iraqi government.

COUNTRY CONTEXT

62%

Women and girls reporting increased trauma, stress and anxiety levels because of covid-19¹

98%

of survivors who reported GBV are female

75%

of reported GBV incidents relate to domestic violence

People affected²

5.62 M

92%

People in need

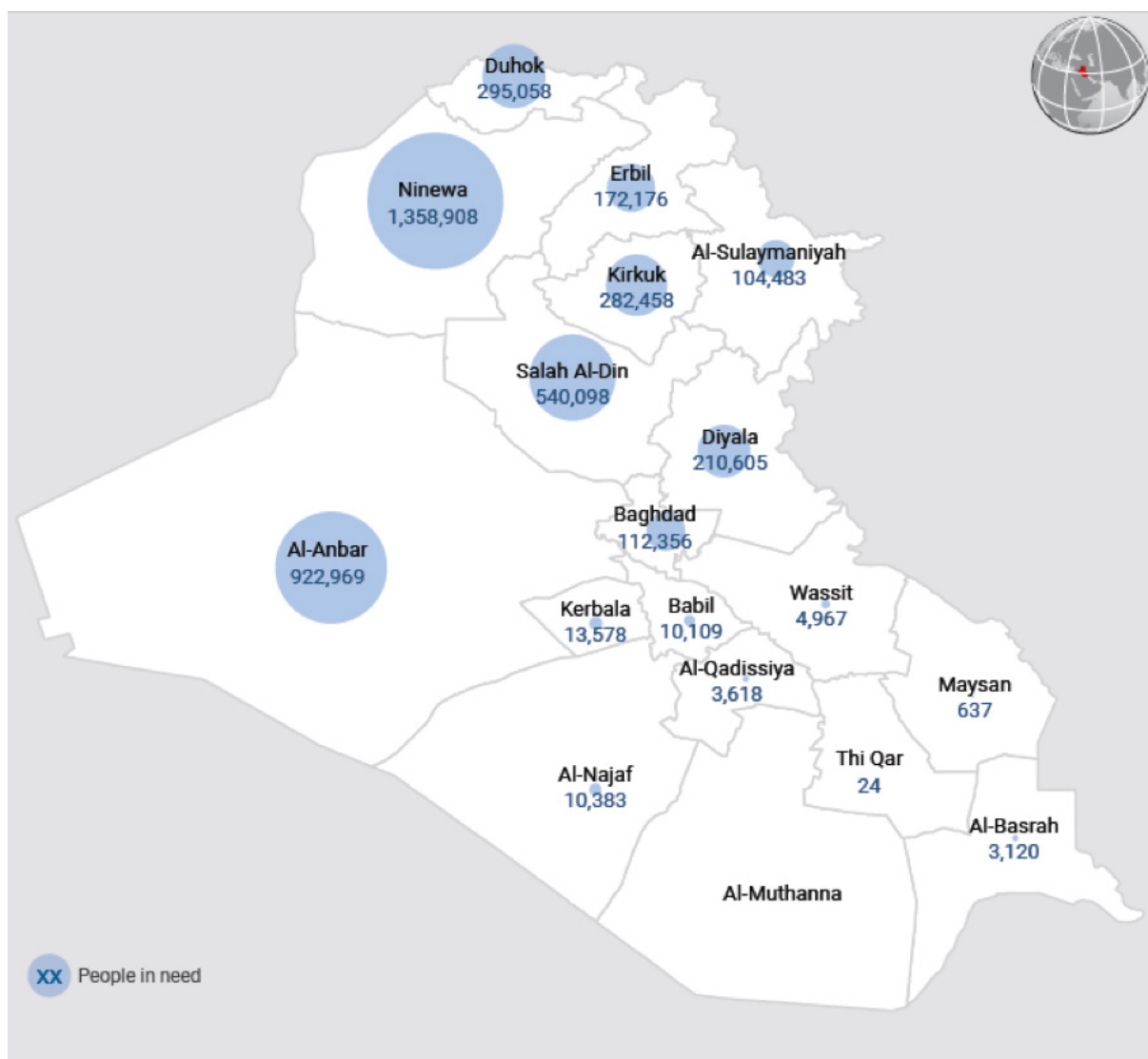
4.10 M

67%

People in acute need

1,77 M

29%



2 OCHA (2020) HRP COVID-19

3 OCHA (2020) Humanitarian Needs Overview: Iraq

FINDINGS

Profile of Survey Participants

Iraqi Kvinna till Kvinna partner organisations that filled the survey in April 2020 were:

- Hawa Organisation, operating in Diyala governorate and Baghdad and leading the TAM Network, which covers Baghdad, Basra, Karbala, Salah al-Din, Anbar, Najaf, Wasit, Maysan, Muthanna, Dhi Qar, Diyala, Kirkuk, Nineveh, Diwaniyah and Babil governorates in Iraq;
- Iraqi Organisation for Women and Future, operating in Anbar and Baghdad;
- Iraqi Women's League, operating across 12 governorates in Iraq;
- Pena Center for Combating Violence Against Women, operating in Kirkuk governorate, and;
- Rasan Organisation, operating in Sulaymaniyah governorate.

80% of partner organisations work on prevention of gender-based violence (GBV) and promotion of women's rights. 40% provide legal support and work on influencing laws. Partner organisations also cover other areas of work, such as specialised services to GBV survivors, women economic empowerment, awareness-raising, advocacy and lobbying, women leadership and participation.

80% of partner organisations work with returnee women. 40% of partners work with youth, and the same ratio with women and girls with disability, refugees and IDPs.

20% of their target are men and boys, rural women and girls, migrants / asylum seekers and LGBTQI.

In addition, partner organisations target members of the TAM Network with their programming as well as local community leaders and authorities.

Impact of covid-19 on structure and capacity of women's organisations in Iraq

All partner organisations had to respond to the COVID-19 pandemic with changes to their operational set-up, particularly in terms of staff members working from home (60% of respondents). 80% shifted their services to online modalities.

Some organisations reported introducing special measures to protect their workforce, starting renegotiations of contracts with donors and suppliers and reducing overall organisational expenses.

Programming and services of women's organisations in Iraq in the context of covid-19

All organisations reported significant changes in terms of demand by rights-holders for services and actions that they are usually providing due to covid-19. At this point in time however, partners mentioned that there is more need for better understanding of how the curfew is affecting women and adjust programming accordingly.

Saying this, programming adjustments only work with a clear dedication of donors to flexibility with regards to fund reallocations, including easy and quick processes to obtain donor approvals.

Organisations providing **GBV services** reported an increase of emergency calls between 30-40% during the month of March, in comparison to previous months. One organisation supporting GBV-survivors with legal services reported an increase of 30% (compared to previous months) for calls of rights-holders seeking legal advice, owing to a higher rate of conflicts inside families and more violence against women. Still operating women's centers noted an increase of demand for in-person psychological support by women as well as higher demand for legal advice.



WE SEE SUICIDES OF WOMEN AND GIRLS INCREASING AND THEREFORE SUGGEST ALSO INCREASING OUR PSYCHOLOGICAL SUPPORT TO WOMEN AND GIRLS. IN ADDITION, DIRECT FINANCIAL SUPPORT TO THEM SHOULD BE CONSIDERED. WHEN WOMEN ARE MORE INDEPENDENT FINANCIALLY, THEY SPEAK UP AND ADVOCATE FOR THEMSELVES.

Awat Barazanji , Pena Centre for Combatting Violence Against Women

Because of the increased demand for such GBV services and perceived higher rates of GBV and suicides (e.g. in Kirkuk governorate, reported by one organisation), organisations also **changed content of planned programming**, such as:

- New focus on stress management and suicide in TV and radio programs,
- More airing and broadcasting of programs related to GBV,
- Increased usage of social networking sites for GBV awareness raising, such as WhatsApp, Instagram, Skype, Viber and Facebook Messenger,
- More advocacy towards authorities on behalf of rights-holders in their geographic areas,
- Increased awareness raising activities on covid-19 and GBV topics, for example through new Facebook sites focusing on covid-19, which would also then mention the GBV hotlines.

Partner organisations also mentioned the **need for**:

- Clear updated referral pathways to specialised services for GBV survivors in their geographic areas, in order to deal with cases in a timely manner,
- Improved communication on hotline services for GBV survivors through various channels,
- Including the response to GBV through online platforms and online services into programming.

In addition, some organisations that usually work in the development sector started with **emergency response programming** in their geographic areas, namely:

- adapting at medical clinics providing advice and medical advice regarding covid-19 and other diseases,
- providing relevant NFIs for the covid-19 context as well as food to vulnerable female headed households.

One partner organisation explained that they perceived these emergency response services as directly positively affecting the wellbeing of women, who suffer of more anxiety in this situation, as well as their health. Providing these women with relevant non-food items or food baskets would ease their minds with regards to having to provide food for their families and would also encourage them to stay at home, rather than trying to obtain food for their families outside despite the curfew and risking infection.

Overall, the majority of partner organisations see a strong need for an increase in the following activities and initiatives, which they have also partially implemented as new activities:

- Remote GBV response services during home confinement (60% of respondents) as well as face-to-face GBV response services (if possible) during home confinement (20% of respondents),
- Awareness, lobby and advocacy about the implications that covid-19 might have on women and girls gendered inequalities (60% of respondents),
- Awareness/training of professionals still on duty (police, health staff, etc.) on increased violence on women and girls during covid-19 (40% of respondents),
- Advocacy with local authorities on behalf of rights holders in their geographic areas (40%),
- Networking and partnerships with humanitarian and emergency organisations (gender mainstreaming, for example, by 40% of respondents),
- Further investment into IT and new technology for improved online/remote work (40% of respondents),
- Enhancing digital works support systems to enable GBV helplines from home, also in coordination with community police (responsible for social protection issues in Iraq, 40% of respondents).
- 20% of respondents see a strong need to protect further freedom of expression and ensure access to critical information.

The need for launching of an emergency appeal was also mentioned by several partner organisations, with one organisation saying that an appeal had been sent to the President of Iraq as well as international organisations to provide material and increase psychological support to female-headed households without a male breadwinner.

In terms of staffing resources and funds, partner organisations also mentioned the need for:

- Recruitment of additional staff and volunteers to better respond to the crisis. With regards to staff and volunteers, one partner mentioned that there is a particular need to encourage more females to volunteer, so that they could better support other adolescent girls and women in quarantine, as well as ensure that health teams and awareness raising teams include women. Otherwise, many female household members could not be directly served.
- Flexibility for reallocation of staff and funds to highly demanded services

Overall, local partners felt they were well-qualified to respond to this crisis, but also mentioned that continued good relationships with governmental administrative bodies and INGOs were imperative in order to be able to continue programming in this situation.

Perceived challenges for women's organisations in Iraq in terms of responding to covid-19

60% of local partner organisations perceived that particularly **hard-to-reach groups of women** would be challenging to support during covid-19, such as rural women and girls or women and girls with disabilities. They also feared a **lack of funds** to adequately respond to needs in their geographic areas.

40% of partner organisations also mentioned that while they see a significant increase in GBV, they perceive that there is a continued lack of commitment in terms of **law enforcement on violations** against women and girls by local authorities and the government in general, despite the severity of the situation in terms of GBV. In the context of the pandemic, the government response is not perceived as prioritising efforts towards the reduction of or response to GBV.

Further major challenges are a potential de-prioritisation of **sexual and reproductive health and rights** (SHRH) during the crisis, as health care 1) resources are directed towards covid-19 response, and 2) the general lack of access to sexual and reproductive health care because of movement restrictions for women and girls during the lockdown. 40% of partner organisations raised this issue.

Other challenges mentioned by individual respondents were:

- A lack of access to digital means for the most vulnerable right holders,
- A lack of access to awareness material on covid-19 for marginalised women (especially in low-income families and IDP settings, women and girls in rural communities, women with disabilities),
- A lack of access to health care for marginalised women (especially in low-income families and IDP settings, women and girls in rural communities, women with disabilities),
- A lack of female health staff supporting covid-19 response, such as accompaniment in quarantine transfers and care settings,
- A lack of transparency and respect for human dignity resulting in times of crisis, and
- More generally, a lack of human and technical resources to respond adequately in the crisis.

Partner organisations have continued to collect data throughout the pandemic, namely monitoring the situation of women and girls in their immediate environment and programs and collecting anecdotal data on specific cases (including through WhatsApp, videos etc.).



DURING THIS PERIOD OF TIME, MORE WOMEN FACE INTIMATE PARTNER VIOLENCE AND THEIR LIVES ARE AT RISK . PEOPLE HAVE MORE STRESS DUE TO LOSS OF JOBS, LACK OF FINANCIAL RECOURCES, AND MORE SPARE TIME . WOMEN´S AND GIRLS MOVEMENTS ARE MORE RESTRICTED. COURTS DO NOT WORK ON CIVIL CASES AND LAWYERS CANNOT DEFEND WOMEN´S RIGHTS IN THE COURTS . ALL THOSE THINGS INCREASE THE CHANCE OF MORE VIOLENCE AGAINST WOMEN AND AN INCREASE IN THE NUMBER OF SURVIVORS OF GBV.

Ibtisam Lateef, Iraqi Organization for Woman and Future

Perceived effects of covid-19 on women´s rights and gender equality in Iraq

Unemployment leading to financial debts was mentioned by 80% of respondents as an effect of covid-19 on women´s rights and gender equality in Iraq. The majority of respondents also saw access to **basic needs**, such as housing, medical treatment and food, deteriorating because of covid-19 as well as there being **higher protection risks** because of intimate partner violence and further movement restrictions.

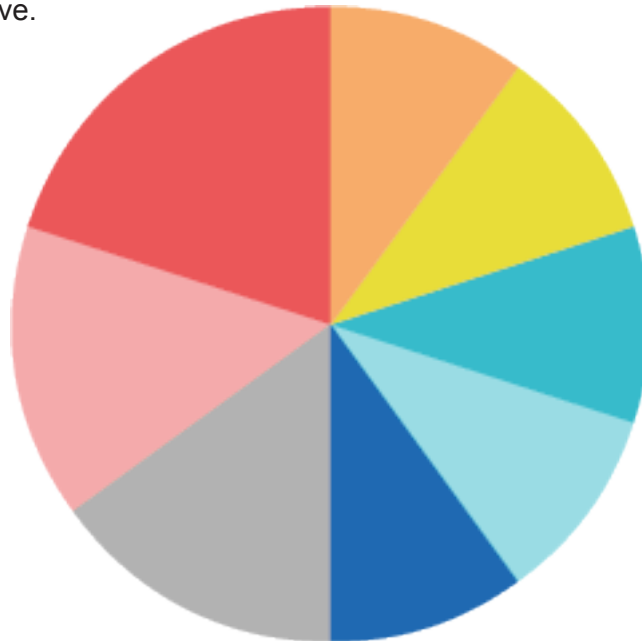
The chart below highlights that 40% of respondents also saw effects of covid-19 for women and girls in the areas of:

- Lack of access to key info because of a digital divide, closure of schools and organisations, language barriers, disability, etc.,
- Stigmatisation in case of covid 19,
- Health risks as they are part of the health workforce in front line,
- Health risks as frontline health workers, as they need psychosocial support that will not be available,
- Lack of service availability for victims of GBV at home, at work or in other environments (Law enforcement, Shelters, counselling, etc.).

Individual respondents also mentioned the following perceived possible effects of covid-19 in their contexts:

- Lack of feminine health and hygiene items,
- Increased forced marriages due to stressful family situations putting pressure on parents to provide for their families.

Overall, there is a strong need to invest funds and resources to collect data systematically on all aspects mentioned above.



- 40% Lack of access to key info because of digital divide, closure of schools and organisations, language barriers, disability, etc.
- 40% Stigmatisation in case of covid-19
- 40% Health risks as they are part of the health workforce in frontline
- 40% Health risks as frontline health workers, they need psychological support that will not be available.
- 40% Lack of service availability for GBV victims (Law enforcement, shelters, counselling, etc.)
- 60% Higher protection risks because of intimate partner violence and movement restriction
- 60% Unemployment and related consequences - less access to basic needs (housing, medical treatment and food)
- 80% Unemployment - increased financial debts

Individual respondents (20% of organisations) also mentioned:

- Health risks due to lack of access to sanitation related issues (menstrual hygiene, etc.)
- Greater health risks for women and girls as - they are taking care of sick family members
- Health risks for women and girls who have the burden of prevention and responses
- Sexual exploitation and abuse by humanitarian personnel
- Forced/early marriage because of covid 19 economic and financial impact
- Unemployment leading to engagement in paid sex / survival sex
- Increased inequality for: women with disability, LGBTQI, refugees, migrants, Bedouin, minority women, young, etc.

Other comments from respondents included:

- School closures put pressure on women/mothers in supporting children with online schooling
- Unconfirmed reports on cases of honor killings as a result of covid-19 infection in the southern regions of Iraq (Najaf and Basra Governorate)
- Increased GBV as a result of:
 - o Stress due to loss of jobs, lack of financial resources, and more spare time.
 - o Women's and girls' movements are more restricted.
 - o Courts currently do not work on civil cases. The lawyers cannot defend women's rights in the courts
 - o Movement restrictions preventing NGOs from providing direct services to women
 - o Poor internet services limiting NGOs abilities in monitoring the cases of women and societal needs

In response to covid-19 POs implement the below:

- Publish health advice and providing psychological, social and legal advice through social media
- Carry out voluntary distribution of masks, sterilisation and cleaning materials
- Participate in sterilisation and food distribution campaigns
- Conduct survey and reports on covid-19
- Online awareness sessions and publishing online materials on limiting the spread of the epidemic through social media.

Suggested mitigation measures:

- Distribute monthly feminine health/ hygiene items
- Distribute protection items including protective uniforms, masks and gloves to healthcare professionals (outside the hospitals) as the government provision is limited
- Distribute food baskets tailored to adults and children
- Distribute water filters for families



**OUR GOVERNMENT LACKS THE CAPABILITY TO
SUPPORT WOMEN'S RIGHTS.**

Nedhal Toma, Iraqi Woman League

Perception on Iraqi Governments role in the crisis in relation to women's rights

The Iraqi Government's response to covid-19 crisis in cooperation with WHO is to mitigate the effects of the crisis through certain regulations including lockdowns and curfews. The curfew led to increased GBV with limited response from the Government. Iraq did not prioritise women's protection in their covid-19 response.

Our partners commented on Iraqi government's role in the crisis as below:

- "In Iraq, the government is doing the least for women. The cases of civil rights are not processing in court in Kirkuk. Only criminal cases are being processed."
- "The government lacks the capability to support women's rights"
- "The government's only support for citizens was to encourage them to support each other and fellow citizens to overcome the crisis."
- "The government response was below expected minimum standards, the government is unresponsive to women's issues and has not provided the needed support to families depending on daily wages".

Support women's organisations need from donors to adequately respond to the crisis

Covid-19 is expected to have short and long-term impacts on societies. Therefore, donors need to be more flexible when supporting/funding partners.

80% of partner organisations in the survey would like donors to support with facilitation of access to **emergency funding**. Local and often smaller organisations hereby also need support in terms of language, as for many applying in English is an additional barrier. 40% of partner organisations also requested support through more flexible funding.

60% stressed the need to support with integrated security wellbeing trainings, as well as generally more **capacity development support** (60% of respondents) in order to deal adequately with this situation.

Furthermore, survey respondents ask donors to provide more tailored support for local organisations to implement **gender mainstreaming** in their response was emphasised by 60% of partner organisations. While the concept is more and more known to organisations, local actors need more support in taking practical steps in this regard in their operations.

Other comments on the support needed from donors by survey respondents:

- Support in building and maintaining connections between local organisations and international humanitarian organisations and the World Bank to support vulnerable and rural women. 60% of organisations requested such support with regards to **networking**.
- Support innovative **advocacy and lobbying** efforts, we need advanced advocacy trainings from donors.
- "Iraq is currently facing more than just the covid-19 crisis, we are facing economic crisis, political crisis and faced with potential international/regional wars on its soil. Therefore, we need donors and Kvinna till Kvinna to be highly flexible in providing emergency grants to the Iraqi civil society supporting women and children in their support including but not limited to female-headed households, SRH services and support to women, online awareness raising campaigns."
- POs need funding and support in:
 - Wellbeing
 - Develop capacities in online and secure communication tools.

Women's movement during the covid-19 crisis: Hopes and Needs

When asked about ideas on joint work to address the effect of covid 9 crisis on women and girls, partners suggested regional and national level movement coordination.

National Level:

- Develop a working group of Kvinna till Kvinna's Iraq partners to better support women in light of covid-19 crisis. The working group to:
 - o Promote the work of online medical (SRHS), psychological and legal clinics through social media
 - o Do online campaigns to publish preventive advice on covid-19, health tips, wellbeing through sports, entertainment, and arts
 - o Conduct online sessions to raise awareness of women, girls, youth, civil society leaders, educated elites, IDPs, returnees and other segments of society
 - o Support women producing and sewing masks
 - o Joint campaigns to lobby and advocate for policies responding to women's needs during the pandemic including; financial support, healthcare, and law enforcement.

Regional/Global Level:

- Develop a working group of all Kvinna till Kvinna offices around the world to coordinate and share experiences as well as unify response strategy; advocacy campaigns, research and studies, and finding alternative coping mechanisms like wellbeing through exercises, etc.

Possibilities for joint advocacy approaches

Iraqi partners showed interest in areas of potential future joint work. 40% of partners are willing to join in research on gendered implications of covid-19 and related policy responses. 60% of partners are willing to design a joint advocacy campaign directed to donor and/or major development agents, addressing the essential gender specific implications and needs. The majority of Iraqi partners, 80% of them to be specific, showed interest in social messaging campaigns or advocacy call to action campaign.

The social messaging campaigns partners showed interest in are:

- 80% of partners are interested in messaging about barriers on access to health and SRHR for marginalised groups (women and girls with low-income)
- 60% of partners are also highly interested in campaigns against domestic and intimate partner violence
- 20% of partners think it is important to include women in response and recovery decision-making, and gender equality during house confinement, domestic care and equal sharing of the burden of care between women and men in their social messaging campaigns.

