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

SUMMARY

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:
 - Sanitary kits for women and girls, especially in marginalised areas
 - Food baskets
 - 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:
 - 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.
 - 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

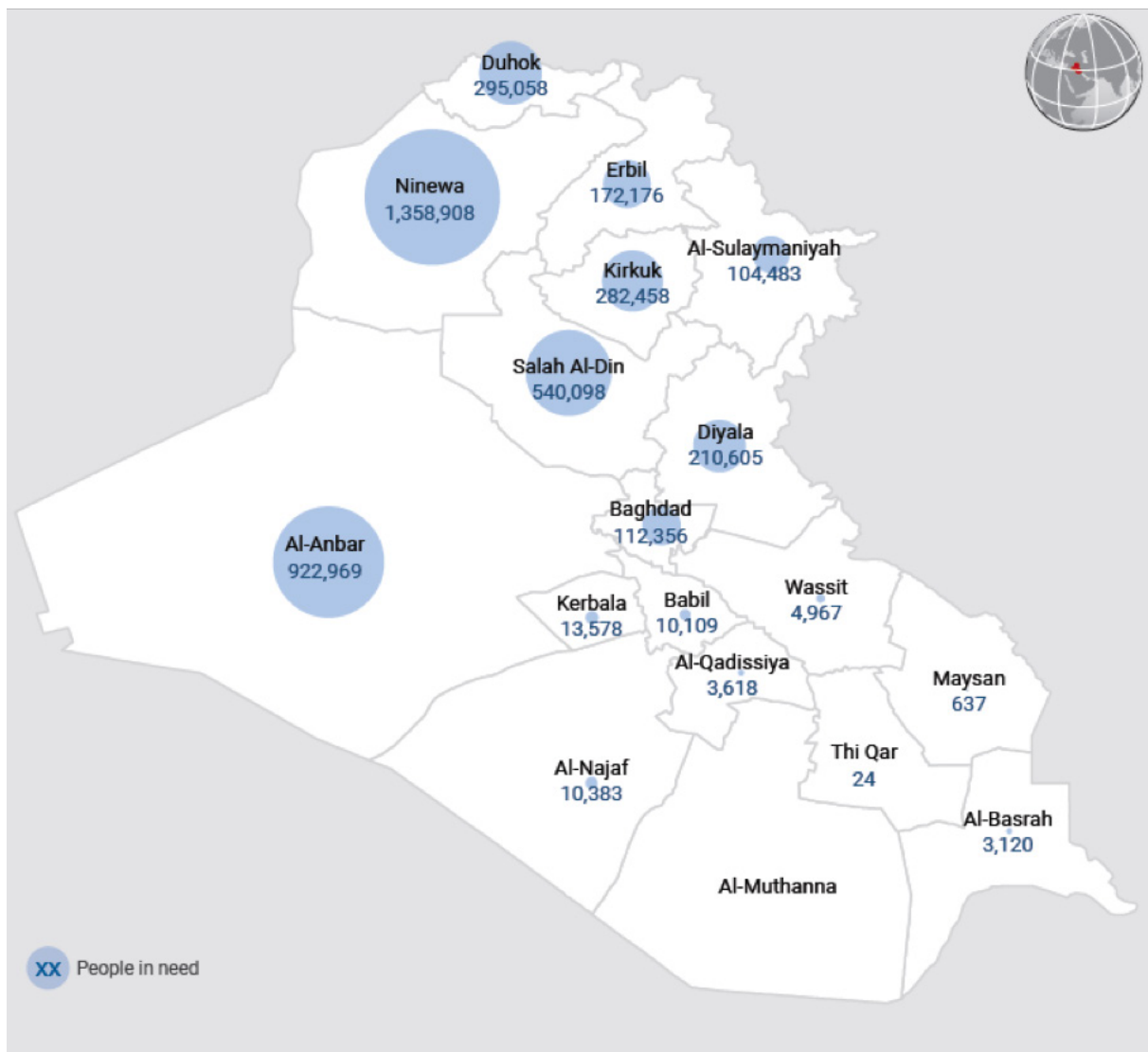
4.10 M

67%

People in acute need

1,77 M

29%



² OCHA (2020) HRP COVID-19

³ OCHA (2020) Humanitarian Needs Overview: Iraq

