

#honour Her

Islamic Relief Worldwide

**Gendered impact and implications
of Covid-19 in Iraq**

Executive summary

The Covid-19 pandemic continues to unfold around the world and its impact on different populations and societal groups is still yet to be fully documented and understood. However, it is already clear that vulnerable and marginalised groups are and will continue to be disproportionately impacted by the measures implemented by national Governments to contain the spread of the virus. These impacts are most severe in conflict-affected countries and where gender norms mean women and girls already face particular insecurity.

Islamic Relief Iraq's research into the gendered impact and implications of Covid-19 demonstrates that women and girls in Iraq are shouldering heavy burdens of increased domestic responsibilities, while suffering disproportionately from the financial impact of lockdown measures and increased incidents of gender-based violence (GBV) as families face heightened tension and anxiety and spend more of their time confined within their homes. Women and girls also suffer more greatly from restricted mobility as they are unable to access essential support services and networks and possess limited decision-making power to ease the burden on themselves and their families during lockdown measures.

This report provides a summary of the impact of Covid-19 on women and girls in Iraq through the detailed analysis of qualitative surveys conducted with 80 women and girls of various ages and marital status in Baghdad and Al-Anbar governorates.

Women and girls have been negatively impacted by Covid-19 and measures to restrict transmission of the disease, most notably through experiencing an increased burden for managing the household, reduced financial income and increased violence at home during the lockdown period. This report provides a summary on the impact of Covid-19 on women and girls in Iraq through analysis of surveys conducted in Baghdad and Al-Anbar governorates. It highlights some of the protection risks women and girls face and provide suggested recommendations to strengthen GBV service provision.

Maintaining the ability of women and girls to access support services during the Covid-19 crisis and any subsequent lockdown measures, strengthening awareness raising measures around GBV and prioritising economic empowerment initiatives for women adversely affected by the crisis in its aftermath are key recommendations to tackle the increase in GBV experienced by women and girls during Covid-19.

Acknowledgements

This report was written by Sana Basim GBV Advisor - IR Iraq and Najah Almgahed Gender Protection and Inclusion Advisor – IRW. Support with editing was provided by Nick Colwill.

Special thanks to Islamic Relief Iraq team and our local partner TAJDID Iraq Foundation for Economic Development.

With special recognition to the participants of this study who took time to share their experiences with us, and Islamic relief USA and Islamic relief Canada for continuously supporting our work on protection and inclusion.

© Islamic relief worldwide: October 2020

Contents

- Executive summary2**
- Background4**
- Islamic Relief Worldwide, Iraq – Protection profile6**
- Tackling gender-based violence in Iraq.....7**
- Methodology.....8**
 - Limitations of the research..... 8
- Demographic information9**
 - Age..... 9
 - Social status 9
 - Education level 9
 - Family size 10
 - Primary caregiver..... 10
- Summary of findings11**
- Data analysis.....12**
 - Gender analysis 12
 - Protection analysis..... 15
 - Rapid response..... 17
- Conclusions and recommendations19**
- Annex 120**
- Annex 2.....23**

Background

Across the globe, the Covid-19 pandemic and the measures implemented by national Governments to contain the disease are impacting almost all populations. Yet this impact is far from even. An increasing body of evidence points to a disproportionate impact on already vulnerable and marginalised groups and an increased risk of further marginalisation, rising inequality and even-greater vulnerability as Governments continue to respond to the pandemic with measures designed to restrict movement and limit social contact.

While Covid-19 is exacerbating existing vulnerabilities and inequalities everywhere, evidence from previous emergencies demonstrates that gender norms and pre-existing inequalities disproportionately impact women and girls in emergencies, including health emergencies. Gender, together with a host of other factors such as age, ethnicity, disability, education, employment and geographical location, can intersect to further compound individual experiences in emergencies.¹ Covid-19 is no different. Across every sphere, from health to the economy, security to social protection, the impacts of Covid-19 are exacerbated for women and girls simply by virtue of their sex.²

This impact is greater still in conflict-affected countries. The extensive gendered impact of conflict has been well documented. Gender inequality reflects power imbalances in social structures that exist in pre-conflict periods and are exacerbated by armed conflict and its aftermath.³

In Iraq, as in other conflict-affected countries, including Syria, Yemen and Libya, women are carrying additional burdens as they attempt to rebuild their lives from years of war.⁴ Women already bear most of the burden of domestic chores, taking care of children, the elderly and sick people, have more fragile economic livelihoods and possess less decision-making power.⁵

Covid-19 and the resulting measures to contain the spread of the disease has compounded each of these circumstances for women and girls in Iraq. Intense lockdown measures disproportionately affect women's sexual, physical and mental health due to a multitude of factors, including

over-stretched health services, under-resourced charities that traditionally act as an additional source of support for women, and disrupted female sexual and reproductive health services.

Movement restrictions have in the past increased domestic and sexual violence, with internally displaced persons (IDPs) and refugees among the most vulnerable, while such crises have previously caused domestic violence to triple in some countries where social distancing was implemented.⁶ The risks of violence for women is heightened as movement restrictions limit access to services and protective social and support networks. Perpetrators of violence against women may also use movement restrictions to exercise further control over family members or spouses in the same household.⁷

Raised concerns

The prevailing situation has raised concerns over increased domestic violence in conflict-affected countries including, in particular, Iraq, where violence against women and girls has, in recent times, been both widespread and gone unaddressed by the country's lawmakers. According to the United Nations Population Fund, 14,000 women lost their lives to GBV between 2003 and 2016, 46% of 10 - 14 years old girls have been exposed to violence at least once by a family member and 46% of currently married women are exposed to at least one form of spousal violence.⁸ Women and girls with disabilities are three times at higher risk of violence and abuse than non-disabled women. This includes intimate partner violence and all forms of violence perpetrated by family and non-family members.⁹

Effects of Covid-19 response on GBV

While the early preventative actions and restrictive measures adopted by the Iraqi Government helped to prevent transmission of coronavirus, they have had a substantial impact on the lives of women. Survivors of GBV or those at risk of violence are continually locked with their perpetrators with limited access to support networks or assistance as scarce resources are diverted to addressing the Covid-19 health emergency. This social isolation compounds pre-existing risks of intimate partner violence and removes access to opportunities to escape or mitigate its impact. There are alarming reports of a rise in GBV and domestic violence cases in Iraq, as well as of some women being unable to leave the house to seek medical care due to the stigma it could bring to their families and cultural norms that do not allow women to be alone in quarantine centres in the absence of a male relative.¹⁰

The healthcare system in Iraq is under-resourced and there is a greater risk of diversion of resources from sexual and reproductive health services to cope with the Covid-19 crisis. According to the UNFPA 2020 “Life-saving medicines for maternal health and contraceptives are less readily available given the closure of production sites and breakdown of global and local supply chains”,¹¹ with women and girls facing more restrictions to access sexual and reproductive health services.

As the health impact of the pandemic in Iraq shows signs of worsening, with new daily reported cases regularly surpassing 4,000,¹² the Government still struggling to pass the law against domestic violence and repeated reports of women losing their lives due to domestic violence,¹³ Iraq is facing the prospect of a substantial increase in GBV due to the restrictive measures imposed in response to Covid-19.

Aims

Against this backdrop, this paper aims to provide an overview of the impact of Covid-19 on women and girls in Iraq through the detailed analysis of qualitative surveys conducted with 80 women and girls of various ages and marital status in Baghdad and Al-Anbar governorates. It also aims to assess the impact of Covid-19 on Islamic Relief existing survivor-centred programming in Iraq and draw lessons and recommendations for these programmes and those of other humanitarian and development actors in Iraq to more effectively tackle GBV and support Iraqi women and girls’ empowerment.



Islamic Relief Worldwide, Iraq – Protection Profile

Islamic Relief has been working continuously in Iraq since 2003. Throughout the Covid-19 pandemic the organisation continues to be one of the foremost respondents to the needs of Iraq's communities, in particular those that are most vulnerable and marginalised. Islamic Relief Iraq's continuous and extensive presence in the country since 2003 has enabled the organisation to build trusted relationships and earn the confidence of local communities.



Tackling gender-based violence in Iraq

Sexual and gender-based violence is widespread in Iraq, and women and girls who have been forced from their homes are at greater risk. Since the beginning of 2017, Islamic Relief Iraq has been delivering a programme of interventions to reduce and mitigate sexual and gender-based violence (SGBV) for conflict-affected vulnerable women and girls in Baghdad, Anbar and Kirkuk.

The project has focused on implementing 'survivor-centred approaches' through establishing 14 women exclusive spaces. Through these Women Space Centres (WSCs) the project provided specialised GBV case management services, psychosocial support and awareness raising activities on sexual and reproductive health, alongside dignity kits and life skills training designed to increase women and girl's empowerment. At the same time, the project directly strengthened primary health care services through capacity building, rehabilitation and the provision of medical equipment to improve sexual and reproductive health services.

During this period, Islamic Relief Iraq addressed the protection concerns of 29,535 vulnerable individuals, of which 28,462 were women and girls and 1,073 were men and boys, in Baghdad, Al-Anbar, Ninewa and Kirkuk through multiple contextually appropriate and survivor-centred approaches with the financial support of donors such as Global Affairs Canada (GAC), The Iraq Humanitarian Fund – United Nations Office for the Coordination of Humanitarian Affairs (IHF – UNOCHA), the United Nations Population Fund (UNFPA), the United Nations High Commissioner for Refugees (UNHCR) and the Swedish International Development Cooperation Agency (Sida)

During the Covid-19 pandemic, the project modified its approach and provided remote Psychological First Aid (PFA), Psychosocial Support (PSS), awareness raising and GBV case management services to proactively engage with GBV survivors and women and girls at potential risk of exploitation and abuse. It is intended that the findings from this research will inform support services and humanitarian programming both during the remainder of the Covid-19 crisis and its aftermath, as programming must quickly adapt and respond to the impact and legacy of the crisis on women and girls, including the increase in GBV documented in this report and other studies.

Methodology

This research builds upon Islamic Relief existing activities in Iraq to gather data and experiences from women and girls who are either direct or indirect beneficiaries of the organisation's interventions focused on implementing survivor-centred approaches through WSCs, which began in 2017.

The project team contacted 80 women and girls from Baghdad and Al-Anbar governorates to conduct telephone surveys. Telephone surveys were conducted through multiple telephone calls between 4th and 26th June 2020. All of the survey respondents had been engaged with Islamic Relief Iraq since 2017.

All of the survey respondents are either GBV survivors or women and girls that remain potentially at risk of exploitation or abuse. 50% of the respondents are married, while 50% are single/widowed or divorced. All of the survey respondents live with a relative of some kind, e.g. husband, parents, siblings etc.

The research questions posed during the telephone surveys are attached as Annex I (in English) and Annex II (in Arabic).

The telephone survey findings were supported through additional research and data analysis activities, including a review of research and reports regarding gender equality in Iraq, the Iraqi Government's response to Covid-19, the impact to date of the Covid-19 pandemic on gender equality globally and recommendations and conclusions as to how to advance gender equality and protect women and girls during other public health emergencies.

Limitations of the research

Data collection surveys were undertaken through phone calls without any face-to-face interaction, while it was also not possible to organise focus groups to enable respondents to share and explore their experiences at length. However, this is mitigated, to at least some extent, by the pre-existing trusted relationship between Islamic Relief Iraq and all of the survey respondents.

The research was conducted between the 4th and 26th June 2020 and the Covid-19 pandemic has steadily worsened in Iraq since this time. As a result, survey responses may not provide the most up-to-date or complete picture of the impact of Covid-19 on survey respondents and, therefore, women and girls in Iraq more widely.

When assessing how the findings of this study relate to and impact similar studies and existing research, it is also important to be aware of linguistic interpretations and cultural understandings of certain terms. For example, in the Iraqi context, respondents tend to understand 'disability' as relating to chronic illnesses and, in some cases, perceive 'older age' as included within the definition of 'disability'.

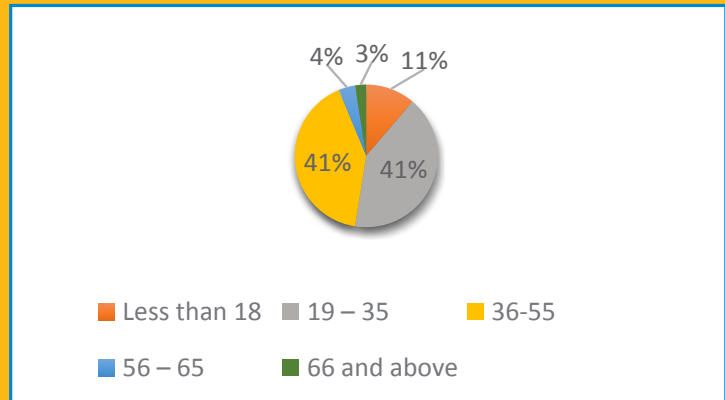


Demographic information

100% of the survey respondents are either GBV survivors or women and girls at potential risks of exploitation. They are all direct or indirect beneficiaries of Islamic Relief Iraq's interventions focused on implementing survivor-centred approaches through WSCs, which began in 2017.

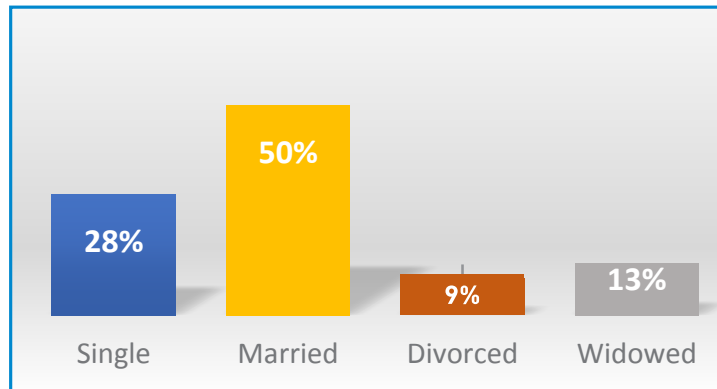
AGE

11% of respondents were aged between 13 and 18 years; 41% were aged 19 to 35 years; 41% were aged 36 to 55 years; 4% were aged 56 to 65 years and 3% were 66 years or older.



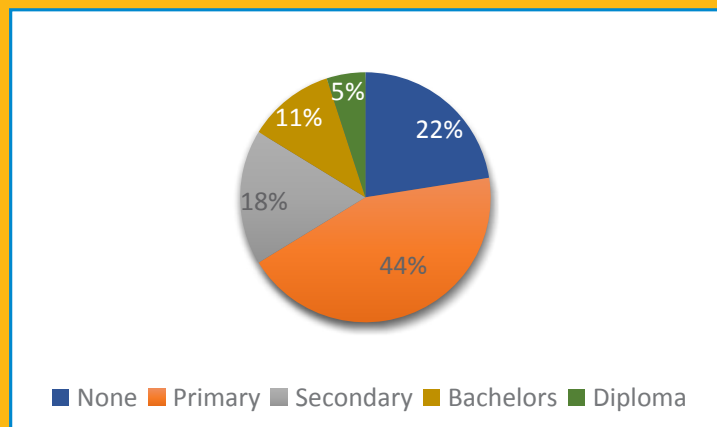
SOCIAL STATUS

50% of respondents reported that they were married; 28% that they were single; 9% that they were divorced or separated and the remaining 13% that they were widowed.



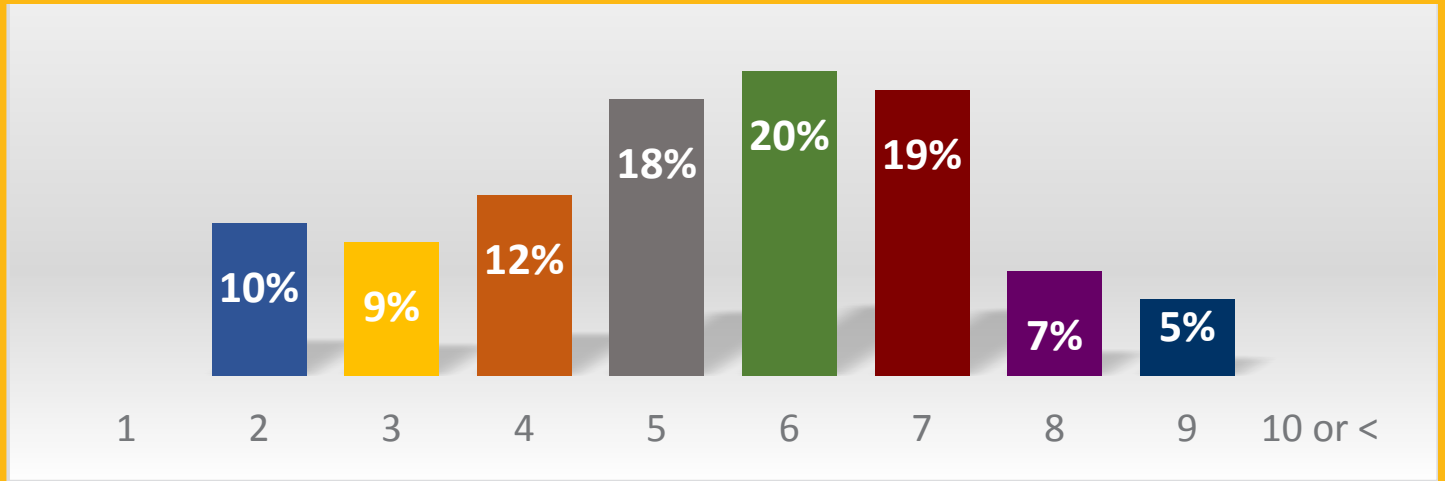
EDUCATION LEVEL

22% of respondents stated that they have no education; 44% are primary school educated; 18% are secondary school educated; 11% have a bachelor's degree (Undergrad) and the remaining 5% possess a diploma. None of the research respondents had a post graduate degree.



FAMILY SIZE

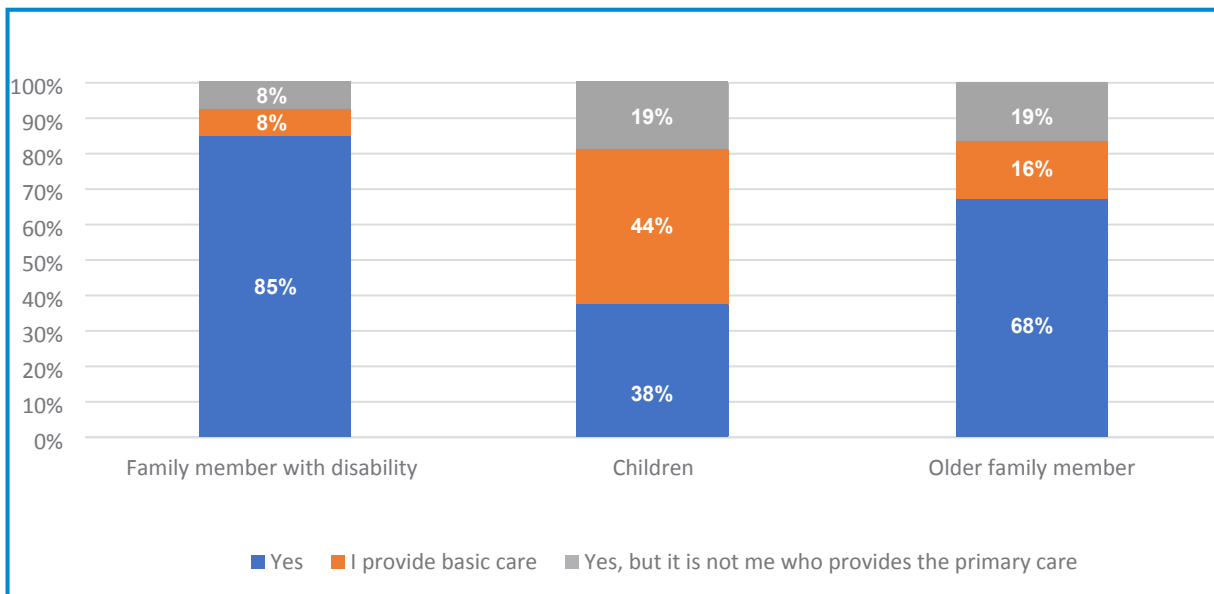
10% of respondents have two family members; 39% have between three and five family members; 39% have either six or seven family members and 12% have eight or more family members.



PRIMARY CAREGIVER

38% of women and girls reported having children at home and being the primary care giver.

2% of respondents reported having a disability, however 85% of women and girls who have a family member with a disability reported that they are the primary caregiver of the disabled person. Similarly, 68% of women and girls reported having an older family member and being the primary caregiver of that family member.



Summary of findings

- Women and girls are primarily responsible for managing households and this burden has increased during the Covid-19 pandemic due to lockdown measures and movement restrictions which means other family members are at home and women and girls are often unable to leave their homes.
- Increased reproductive responsibilities has adversely affected the physical, mental and emotional wellbeing of women and girls during the Covid-19 crisis, as 84% of women and girls responded that they received partial or no support to manage their everyday domestic responsibilities.
- Uncertain financial circumstances and reduced income are also compromising women and girls' sexual and reproductive health, which is further compounded by the diversion of resources away from sexual and reproductive health to dealing with the Covid-19 crisis.
- 79% of females reported that their productive role and contribution to the family's income has been affected by Covid -19 and lockdown measures.
- 44% of women and girls reported that, they have no control over basic resources or, are not the decision-makers or are not involved in the decision-making process.
- All respondents agreed that they have experienced increased gender-based violence during Covid-19.
- 25% of women and 22% of girls experienced sexual violence; 37% of women and 22% of girls experienced physical violence; 37% of women faced economic abuse; 32% of women faced emotional abuse; 46% of women and 56% of girls experienced verbal violence; 8% of women and 78% of girls experienced electronic violence, while 7% of women experienced other or all of the above-mentioned forms of violence during the lockdown period.



Data analysis

GENDER ANALYSIS

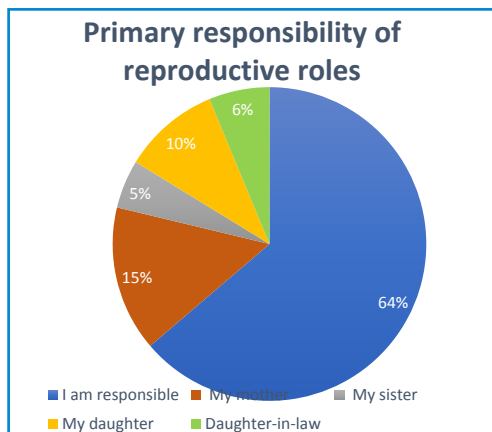
The status of women and girls in Iraq was insecure even before the Covid-19 pandemic. Decades of political and economic instability and multiple conflicts have led to inefficient governance structures, deteriorated indigenous protection systems and left many millions of women and girls vulnerable and marginalised.

The impact of Covid-19 on reproductive roles

As in most patriarchal structures, women and girls in Iraq are solely responsible for household chores such as cleaning, cooking and care giving. Due to the need to halt the transmission of Covid-19, the Iraqi government implemented measures including a curfew, lockdown and restricted movement. People were encouraged or, on occasion, forced to stay at home, while all businesses and offices remained completely or partially closed for several weeks. This situation created an increased burden on women and girls as they spent a greater proportion of time on domestic chores as well as providing additional support to children, sick, disabled and older people.

100% of respondents to the questionnaire stated that either the respondent or another female member of the family, such as the mother, sister, daughter or daughter-in-law, are primarily responsible for managing the household. All respondents reported that this role had increased during the lockdown as most family members stayed at home, children did not attend school and the need to care for sick, disabled and older people remained the same.

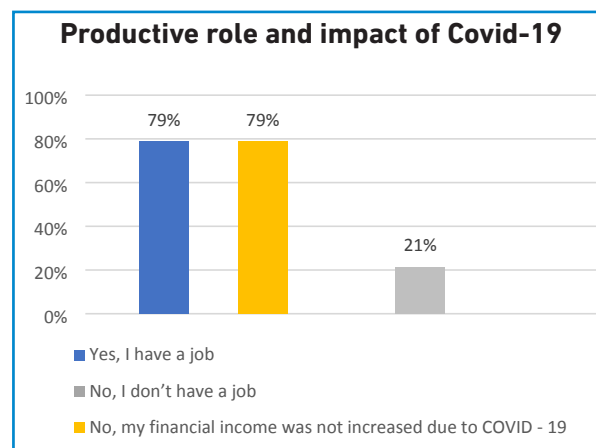
This increase in unpaid domestic work had a negative impact on the physical, mental and emotional well-being of women and girls, as they had to undertake greater responsibilities within a more stressful environment.



The impact of Covid-19 on productive roles

When analysing the productive role of women and girls, 79% of women and girls reported that they were contributing to the family's income before Covid-19. However, lockdown measures have resulted in restricted mobility, the closure of saloons and business places and customers are unwilling to collect items or receive services at home as they fear contracting the virus.

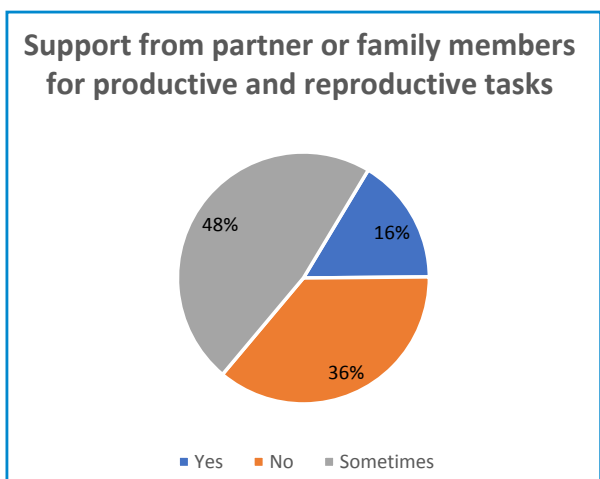
This situation has resulted in reduced economic activity, the loss of jobs for both men and women, especially for more informal, daily wagers and a sudden decrease in the family's overall monthly income. Families are experiencing fear, anxiety and stress due to the uncertainty of the situation which is negatively impacting the emotional well-being of family members and leading to a marked increase in domestic violence.¹⁴



Support from partners and family members

When asked if they felt they have enough support from their partner and/or family members to carry on their productive and reproductive tasks, most of the respondents were surprised as, culturally, these tasks are considered to be the responsibility of women and girls. Similarly, most respondents stated that reproductive tasks, such as childbearing, rearing and taking care of family members, including disabled and older people, are the prime responsibility of women and girls. 16% responded that they received support from their partner and other family members, such as their mother-in-law or father-in-law, to manage children to enable them to complete other domestic tasks.

In regards to productive tasks, 48% of women and girls responded that sometimes they received support from family members and their husband to complete their productive roles. In one example, a woman shared that she is selling milk and making yogurt and cheese to sell, while her husband often helps her to contact the clients and prepare the food for sale. 36% of women and girls stated that their husbands or family members are not supportive, that they are housewives or they are not working at all.

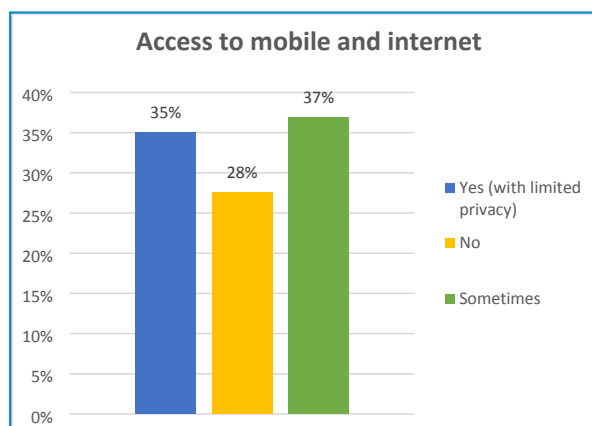


Access to information regarding Covid-19

35% of women and girls reported that they have mobile phone and internet access and can access information and available resources. 37% of women and girls reported that they have limited access to the internet and a mobile phone but both of these groups (72% of respondents) confirmed that their access is controlled either by their father, brother or husband.

Women and girls also stated that their access to information is limited as, on most occasions, they are using shared devices which are controlled or checked by male family members. They further stated that they do not have enough privacy and are unable to share information or contact their friends privately. Their lack of privacy and restricted ability to share information with a case manager or friend is a serious concern.

The remaining 28% of women and girls reported that they don't have any access to the internet, a mobile phone or services. Respondents stated that not having access to a mobile phone or the internet is not an issue of expense or the availability of services, but one of cultural and traditional values that prevents women and girls from doing so. These restrictions are imposed by either their father, brother or husband. Some respondents stated that women and girls in their family are not allowed to use mobile phones, the internet or social media as this is against the honour and respect of the family. Male members of the family, however, are allowed to keep a mobile phone and can access the internet and social media.



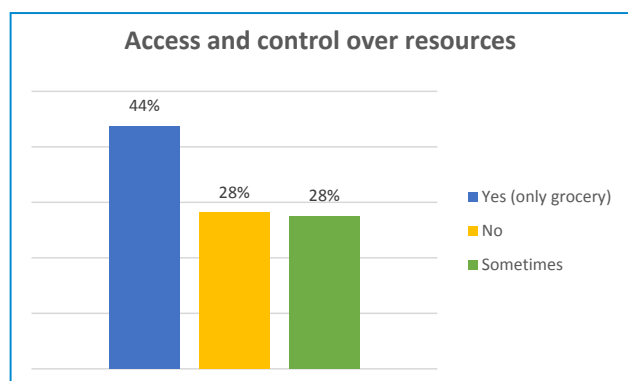
Access to and control over household resources

44% of women and girls responded that they have control over resources through which they can manage food rations, water and groceries only. 28% of women and girls stated that sometimes they have access to resources but that these are managed in consultation with their family members, e.g. their mother, mother-in-law, father, father-in-law or husband.

28% of women and girls reported that they are completely dependent on another family member and cannot access resources on their own. In this circumstance, it is largely the responsibility of the male members of the family to acquire the basic items, as per the monthly budget and family needs, while the women and girls are responsible for the cooking and management of food supplies.

Women and girls often also stated that, even though they have access to resources, they are not the family member that makes decisions. When it comes to the allocation of resources, the monthly budget for groceries, education of the children or any other costs, the male members of the family decide what and how much money should be spent.

Further, after Covid-19, families increasingly possess limited financial resources that are often insufficient to deal with any uncertain health situation, such as the treatment of any family member that contracts Covid-19. Additionally, a global shortage of contraceptives, fear of being exposed to the virus at a health facility, limited financial capacity to prioritise reproductive health, lack of access to information and restricted movement are key factors negatively impacting women's sexual and reproductive health during the pandemic.¹⁵ As women and girls possess limited control and decision making power over household resources, these factors intersect to mean access to sexual health and reproductive health services is increasingly limited.

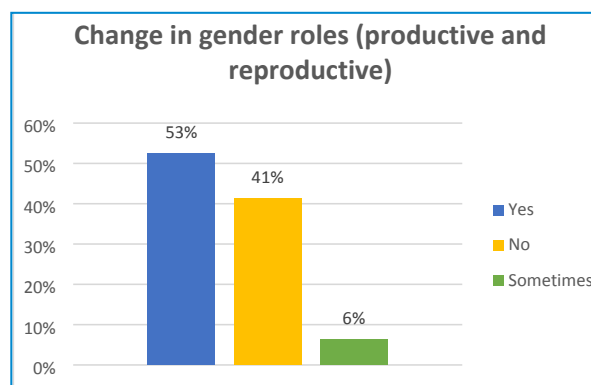


The impact of Covid-19 on traditional gender roles

53% of women and girls stated that Covid-19 had changed gender roles but had placed more burden on females. In regards to domestic chores, women bear more responsibilities than men, even if they are contributing to the family's income. 41% of women and girls responded that their burden remains the same as before lockdown, while 6% stated that they sometimes receive more support and they are therefore better able to manage during lockdown.

Due to the sudden lockdown and curfew measures implemented to contain Covid-19, many people are uncertain about their jobs and livelihoods yet their liabilities, such as rent, utilities and other expenses, remain the same.

In this situation, families are experiencing increased tension and stress and an increase in domestic violence has been recorded.



PROTECTION ANALYSIS

The impact of quarantine measures on GBV

100% of women and girls agreed with the statement that they had been exposed to increased violence at home during the quarantine measures. When discussing this issue in more detail, some respondents stated that, due to the sudden imposition of the lockdown, families were left with limited financial resources and the uncertainty of the situation created additional anxiety and stress.

However, most of the women also responded that this violence is part of their culture and is considered to be normal. They stated that they

had seen male family members from older generations exercising power on women through violence and that males from the younger generation are now doing the same. They consider the exercise of violence to be normal and masculine.

A few women also emphasised that this violent behaviour is promoted in their communities. If a woman's husband is seen to try to share responsibility and support his wife he is labelled as weak and feminine by his family and friends.

Case Study: Surviving abuse during Covid-19

Salma and her sister Fatma, aged 18 and 20 respectively, are survivors of domestic violence and abuse living in the outskirts of Baghdad.

From early childhood, Salma and Fatma experienced a number of forms of abuse at the hands of their father, including denial of resources, psychological abuse and physical violence. Their brothers, on the contrary, enjoyed all the rights and access to resources. Witnessing and being subject to such hostile and contrasting behaviour on a daily basis made them feel less human and led to low self-esteem and confidence.

Salma and Fatma were both told that they could not complete their education because they were girls and their parents did not have enough money to educate them. From a very young age, they were forced to undertake all the domestic chores, including helping their mother and taking care of their father and brothers.

Salma and Fatma managed to get permission to visit Islamic Relief Iraq's Women Space Center (WSC).

"On the first day we were very confused, we had never seen a place like this which is exclusively for women and girls and where women and girls were welcomed. We felt happy and encouraged. We participated in awareness sessions and realised that there are many things which we can learn just by coming here. We both enrolled ourselves in a sewing course. This WSC was like a refuge for us, where we can forget about all our fears and problems, make new friends, learn from social workers and acquire new skills from the trainers.

But Covid-19 appeared as a dark shadow in our lives. All the services at WSCs were closed due to curfew and lockdown. Worst of all, we were stuck inside with our father and brothers. Our father was very tense because

of the lockdown as he might lose his job, so he always felt angry and annoyed, especially at us. Most of the time he physically abused my mother regarding petty things and now the same is happening to us.

We are afraid to talk to our friends, relatives and case workers, in case our father or brothers will hear us, as they will abuse us badly. Most of the time our brothers hit us and ask us to do unnecessary things. We cannot say no to them otherwise our father will punish us.

Our case worker is the one with whom we can share what we are actually feeling and she understands our situation very well, but we need to be very careful when to talk with her. We have agreed some codes so she knows when we are comfortable or not. We hope that this pandemic will be soon over and we can enjoy our time at the WSC again."

*Names have been changed to protect the identity of GBV survivors.

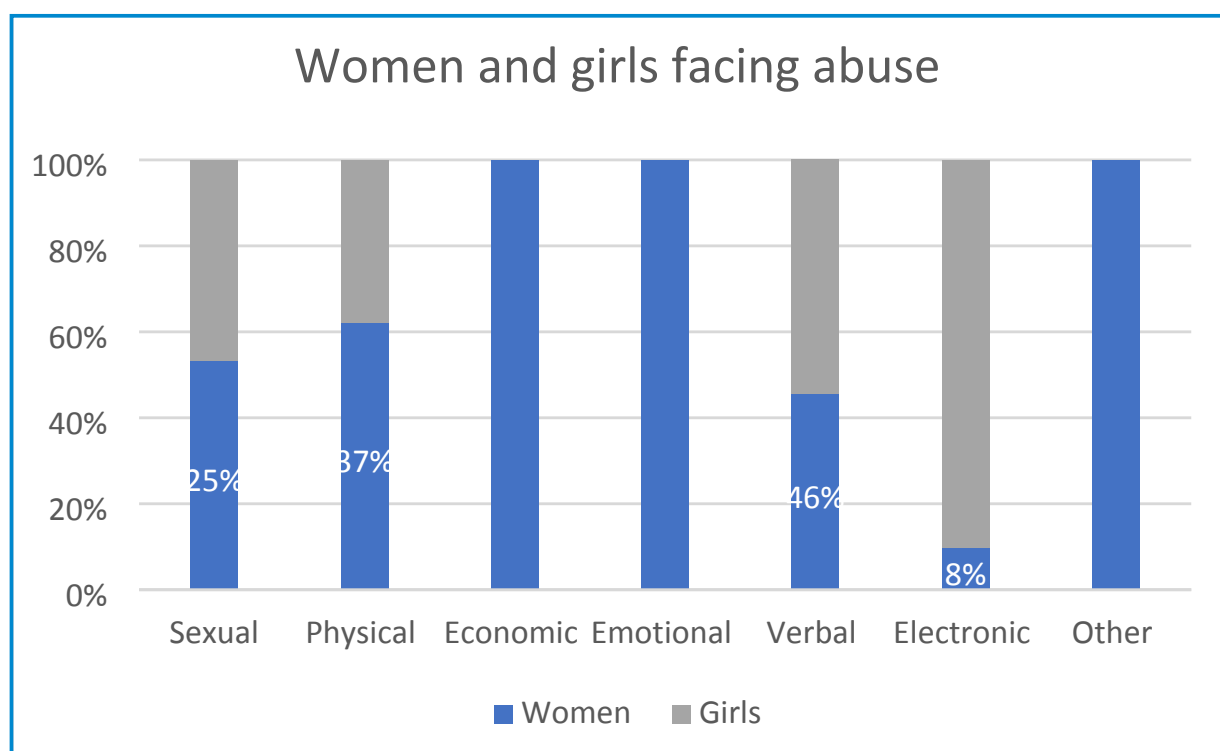
"During this lockdown we feel imprisoned and suffocated, every day we fear for our lives and respect. You can see the scars of physical abuse but the bruises we have on our mind and soul are difficult to see and feel."

Exposure to GBV during Covid-19

When survey respondents were first asked whether they or any of their family members had been exposed to any form of GBV over the past 2 months, 93% of the women and girls refused to answer the question, despite all respondents already noting earlier in the questionnaire that they had experienced increased violence during the lockdown.

After discussing the question in more detail, 100% of the women and girls confirmed that they experienced some form of violence. 25% of women and 22% of girls experienced sexual violence; 37% of women and 22% of girls experienced physical violence; 37% of women faced economic abuse; 32% of women faced emotional abuse; 46% of women and 56% of girls experienced verbal violence; 8% of women and 78% of girls experienced electronic violence, while 7% of women experienced other or all of the above-mentioned forms of violence during the lockdown period.

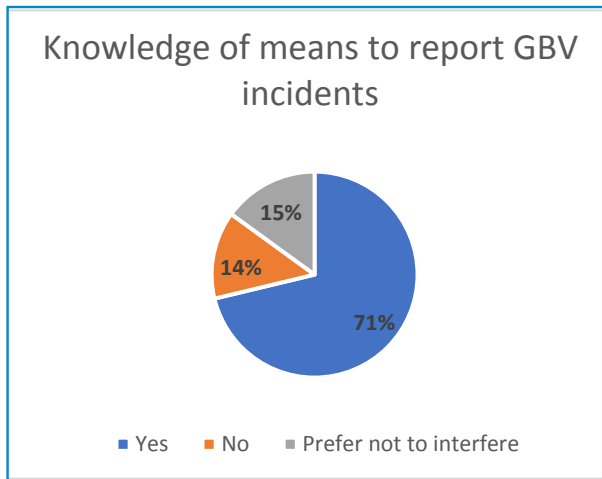
Women also stated that, despite the fact that they had all experienced violence and abuse in some form, they still felt ashamed and guilty and did not want to talk about it. Some women described the pain of losing their self-respect and dignity in front of their children. After such incidents of violence, women described feelings of low self-esteem, worthlessness and of being a lesser human.



Rapid response

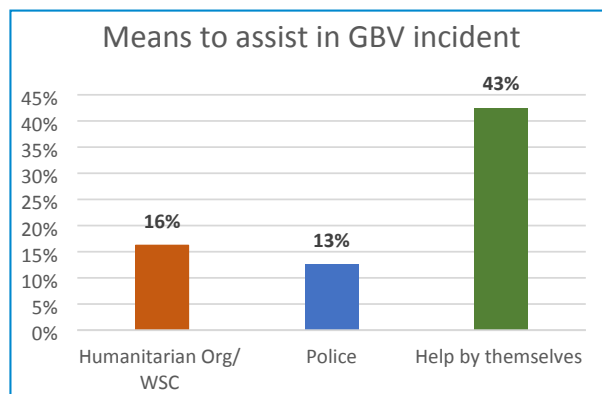
Reporting incidents of GBV

71% of women and girls reported that they clearly know how and to whom to report an incident of GBV. However, 15% of women and girls stated that, although they know where to report an incident, they would prefer not to interfere whenever there is any such incident.



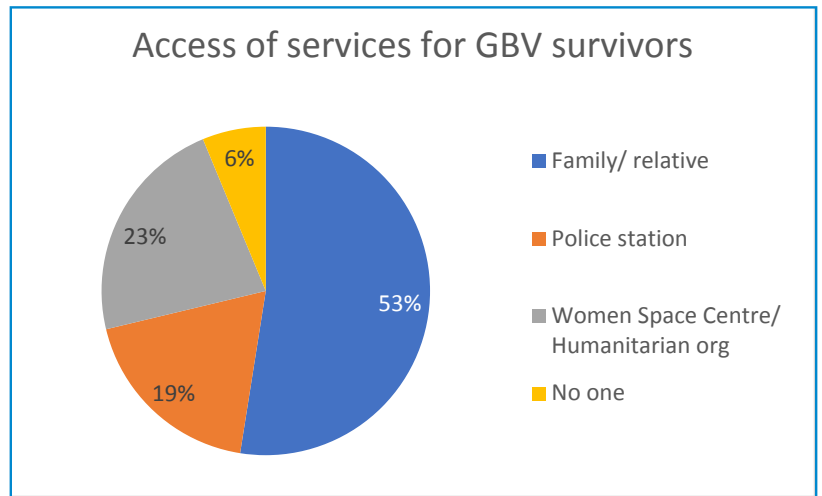
Discussing this in more detail, these women and girls explained that they have been living with each other for decades and everybody knows everyone, which, while positive in many circumstances, can also be tricky when it comes to reporting incidents of GBV. They added that domestic abuse is their everyday story but reporting it can cause further harm to both the survivors and the person reporting the incident.

16% of women and girls reported that they will inform the nearby WSC or humanitarian organisation. 13% shared that they will inform the police, while 43% shared that they will morally support the survivor or help her if needed.



Access to help and support

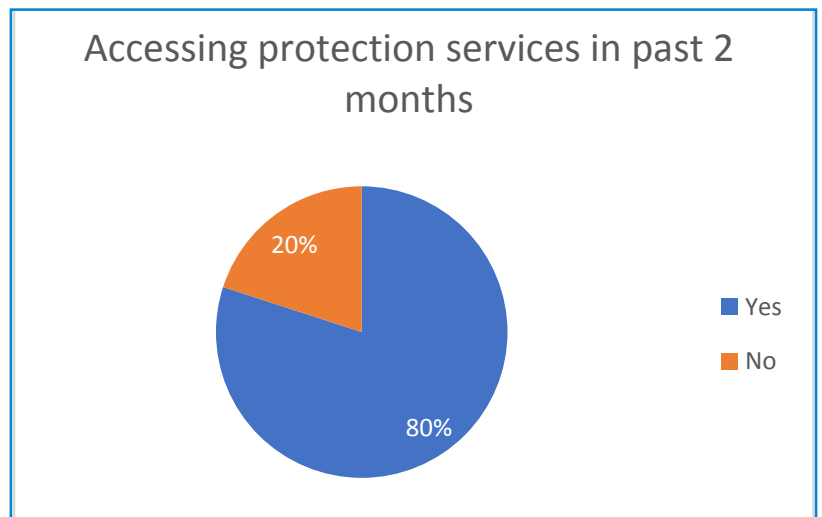
53% of women and girls reported that they will seek support from family or close relatives if they are exposed to GBV; 23% reported that they will seek help from humanitarian organisations or nearby WSCs; 19% reported that they will report the case to police, while 6% of women and girls reported that, when they have experienced violence and abuse previously, they are unable to seek support services and will not report the incident anywhere.



Accessing protection services during Covid-19

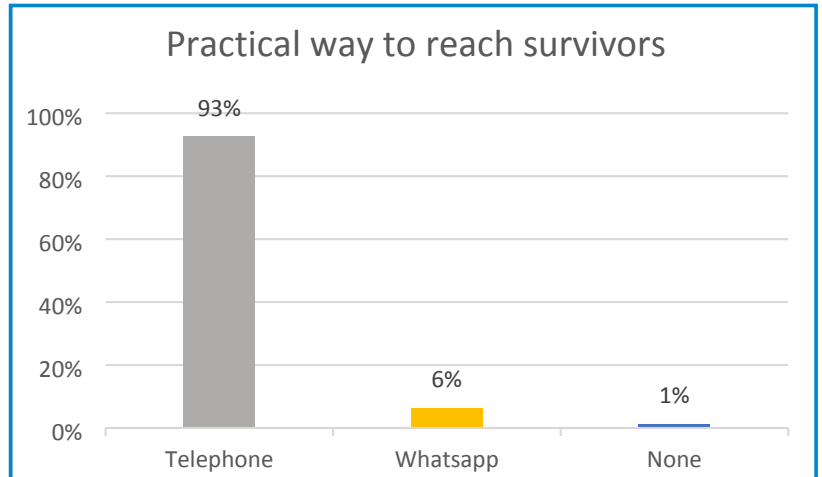
80% of women and girls shared that they had been able to access protection services during the past two months. They also stated that, prior to the Covid-19 pandemic, they were able to physically access the services but they are currently able to access them through hotlines.

20% of women and girls shared that they are unable to access protection-related services, particularly due to lockdown measures and limited access to WSCs.



Reaching survivors of GBV

93% of women and girls responded that they can be reached on the telephone, while 6% confirmed that they can be contacted through WhatsApp. Just 1% responded that they cannot be contacted via the telephone or WhatsApp, however they can receive messages through neighbours.



Case Study: Knowledge is Power

I belong to a very modest family where girls' education is not a priority and marrying off young girls is a common practice. When ISIS invaded our area, we were living with our five children but we had to flee for our lives. Moving from camps to different places, we finally settled in the outskirts of Baghdad.

When we came to Baghdad, I thought our troubles would end but our condition was miserable. My children slept hungry and did not have enough clothing and shelter. After few weeks in Baghdad, my husband went missing. Relatives and friends told me that he left us. I do not know why but it left both me and my children more vulnerable as we had nobody to provide for us and we lacked basic necessities. We were in a constant struggle to stay alive.

As Baghdad was a new city for me, it was very difficult to find people who can help me. I tried to find a job but I don't know how to read and write and my health condition didn't allow me to do physical jobs like house cleaning or washing clothes. Whenever I asked anyone for assistance, they would offer me help in exchange for sex. They knew that I was internally displaced and living without the head of the family, so they started harassing me and my children. I felt traumatised from the situation. It was a depressing time without any hope.

I was introduced to Islamic Relief's Women Space Center by one of my neighbors. I registered myself for a literacy course and started learning basic literacy and numeric skills. This course and other activities such as awareness raising sessions enhanced my confidence and I started paying more attention and learning. Within a few weeks, I got an opportunity to work in a salon as an assistant. This job helped me to provide for my family. The basic numeracy skills that I learned from the WSC helped me to manage money matters for the owner, which enabled me to gain her trust and confidence. After noticing my dedication and honesty, she promoted me and also increased my salary which enabled me to send my children to a nearby school.

Even though my kids and I faced starvation, threats and trauma, we didn't give up our faith. After all this, now I understand the power of education and am working hard to send my children, especially my girls, to school. I don't want my children to face what I have been through. I want to equip and empower them with the power of education so that they can survive any hard time on their own.

Conclusions and recommendations

There is little doubt that the Covid-19 pandemic and measures implemented to halt the spread of the disease in Iraq have had a disproportionate impact on women's roles, their mental, emotional and economic health and wellbeing and have led to increased incidents of GBV. Every single woman and girl interviewed as part of this research stated that they had experienced some form of GBV over the past two months and that they had been exposed to increased violence at home during the quarantine measures.

These findings corroborate the growing body of evidence demonstrating that women and girls are more at risk and are withstanding greater pressures during the pandemic. This is particularly the case in conflict-affected countries and those where gender norms and cultural values already place women in vulnerable and marginalised positions and are likely to mean that women and girls face increased challenges as they attempt to rebuild post-Covid-19 in the face of continued financial uncertainty, heightened anxiety and family tensions.

In Iraq, in particular, the reported increase in GBV is occurring amidst a continued backdrop of political deadlock and the failure to pass the country's stalled domestic violence legislation. While the answers to tackling GBV and reducing the vulnerability and insecurity of women and girls are broader and more complex than any new set of laws, the passing of anti-domestic violence legislation would be a welcome and necessary step towards reducing incidents of GBV and empowering women in a post-conflict, post-Covid-19 society. In the absence of political progress, the ability of women to access support services and networks and to be able to reach out beyond their families is critical in preventing a further escalation of incidents of GBV and to supporting women to both report such incidents and protect themselves as they endure them.

This report provides the following recommendations for NGOs, humanitarian organisations and GBV service providers in Iraq, including Islamic Relief Iraq:

- Support services available to women and girls, must be adapted during the Covid-19 crisis to maintain contact with women and girls that are subject to or at risk of GBV. They provide a vital outlet for those women and girls and will become even more important in the event that lockdown measures continue or are subsequently re-imposed.
- GBV prevention and awareness raising initiatives and programmes must be scaled up beyond the Covid-19 crisis and in its immediate aftermath, to deal with the likely sustained increase in GBV caused by the financial insecurity that many families will face and the increased stress generated by the Covid-19 crisis.
- Programmes and activities that focus on economic empowerment for women and girls should be prioritised in the aftermath of Covid-19, especially targeting women and girls who have been negatively affected by coronavirus and whose financial contribution to the family and independence have been reduced as a result.
- Collection, analysis and disaggregation of data by sex, age and disability should be used to inform future programming, along with ensuring those programmes at all times have adequate capacity of staff.
- Awareness raising activities for women and girls on how to report incidents of GBV and where to get support should be strengthened and new communications tools and methods employed to reach those women and girls, including social media and messaging platforms.

Annex 1: Survey questions in English

Demographic info:

Sex:

- Male
Female
Other

Age group:

- Less than 18
19 – 25
26 – 40
41 – 55
56 – 65
66 and above

Marital status:

- Single
Married
Divorced
Widowed
Separated
Other

Education level:

- None
Primary
Secondary
Degree
Graduate degree

No. of family members:

Do you have any form of disability?

i.e. do you find it difficult to see, hear, talk, move, and/or remember?

Yes No

Does any of your family members have a disability?

Yes No

If yes, are you the primary carer?

Yes No

Do you have children?

Yes No

If yes, are you the primary carer?

Yes No

Do you have older family member?

Yes No

If yes, are you the primary carer?

Yes No

Are you pregnant or lactating in the time being?

Yes No

Gender analysis:

Who is the primary person responsible of reproductive roles within your household?

Ex. cooking, cleaning, house and care giving responsibilities?

Have they increased due to Covid19?

Yes No

Do you have a productive role to play?
Any kind of work with financial income.

Yes No

Have that been increased due to Covid19?

Yes No

Do you feel you have enough support from your partner and/or family members to carry on your productive and reproductive tasks?

Yes No

Do you feel you have access to information in relation to Covid19?

Ex. do you have access and control over mobile phone, internet, and other means of information sources?

Yes No

Do you have access and control over major resources within your household?

Ex, financial resources, food rations, water etc.

Yes No

In relation to Covid-19, did any of your normal gender roles (productive and reproductive) changed?

Yes No

Protection risk analysis:

Do you think that you have been exposed to an increased violence at home based on the current quarantine measures?

Yes No

In relation to Covid-19, have you or any of your family members been exposed to any form of GBV over the past 2 months?

Yes No

If yes, what type of violence?

(Sexual) (Physical) (Economic) (Emotional) (Verbal) (Electronic) (Other)

Vulnerable group	Sexual	Physical	Economic	Emotional	Verbal	Electronic	Other
Women							
Men							
Girls							
Boys							
People with disability							
Older people							
Other vulnerable groups (Specify)							

Rapid response:

Imagine if someone disclosed to you that he/she has been raped, do you know where and how to refer her?

Yes No

If you are exposed to GBV, what is the most accessible mean of help/support that is available?

- Family
- Police
- Neighbours
- Extended family members
- Faith leaders
- Specialised women’s centres
- Others

Have you been able to reach and access any of the available protection services over the past 2 months?

Service type	Not available	Available but not accessible, if possible specify why?	Yes available and accessible	Remarks (ex. service is being interrupted due to Covid19)
Women and girls safe spaces				
Mental health and psychosocial support				
Sexual and reproductive health services				
Pre-postal natal services				
General health support				
Financial support				
Legal services				
GBV case management				
Safe helpline support via phone/internet (Remotely)				

What is the most practical way to reach up to you?

Annex 2: Survey questions in Arabic

المعلومات الديمغرافية:

نوع الجنس

- (انثى)
 (ذكر)
 اضرى.

الفئة العمرية:

- (أقل من ٨١)
 (٩١-٥٢)
 (٦٢-٠٤)
 (١٤-٥٥)
 (٦٥-٥٦)
 (٦٦ وما فوق).

الحالة الاجتماعية:

- (أعزب)
 (متزوج)
 (مطلق)
 (أرمل)
 (منفصل)
 (غير ذلك).

مستوى التعليمي

- (لاشيء)
 (أبتدائي)
 (ثانوية)
 (دبلوم)
 (بكالوريوس)
 (دراسات عليا).

عدد أفراد الأسرة

هل لديك اعاقة؟

هل يعاني اي من أفراد عائلتك من أعاقة ؟ اذا كانت الإجابة نعم , هل أنت مقدم الرعاية الأساسي؟

هل لديك أطفال؟ إذا كانت الإجابة نعم , هل أنت مقدم الرعاية الأساسي؟

هل لديك فرد من العائلة أكبر سنا؟ إذا كانت الإجابة نعم , هل أنت مقدم الرعاية الأساسي؟

هل أنت حامل أو مرضعة في الوقت الحاضر؟

الأدوار الأساسية :

من هو الشخص الأساسي المسؤول عن الأدوار الأساسية داخل أسرتك؟ على سبيل المثال الطبخ ، والتنظيف ، ومسؤوليات الرعاية المنزلية والعناية؟ هل زادت بسبب فايروس كورونا؟

هل لديك دور منتج تلعبه؟ أي نوع من العمل مع الدخل المالي. هل تم زيادة ذلك بسبب فايروس كورونا؟

هل تشعر أن لديك ما يكفي من الدعم من شركك و / أو أفراد عائلتك للقيام بمهامك الإنتاجية والإنجابية؟

هل تشعر أن لديك حق الوصول إلى المعلومات المتعلقة بفايروس كورونا على سبيل المثال هل لديك إمكانية الوصول والتحكم في الهاتف المحمول والإنترنت ووسائل أخرى لمصادر المعلومات؟

هل لديك إمكانية الوصول والتحكم في الموارد الرئيسية داخل أسرتك؟ مثال ، الموارد المالية ، الحصص الغذائية ، المياه ، إلخ

فيما يتعلق بـ فايروس كورونا.

هل تغير أي من أدوارك الجنسية العادية (الإنتاجية والإنجابية)؟

هل تعتقد أنك تعرضت للعنف المتزايد في المنزل بناءً على إجراءات الحجر الصحي الحالي؟

هل تعرضت الى فايروس كورونا أنت أو أي من أفراد عائلتك لأي شكل من أشكال العنف المبني على النوع الاجتماعي خلال الشهرين الماضيين؟

إذا كانت الإجابة بنعم ، ما نوع العنف؟

- (الجنسي)
- (البدني)
- (الاقتصادي)
- (العاطفي)
- (اللفظي)
- (الإلكتروني)
- (أخرى).

الجنسي	الاقتصادي	العاطفية	الإلكترونية	لفظي	المادية	الأخرى
						الفئة
						النساء
						الرجال
						البنات
						الاولاد
						الأشخاص ذوي الإعاقة
						كبار السن
						حدد الفئات الضعيفة الأخرى

1- الاستجابة السريعة:

تخيل لو أن أحدهم كشف لك أنه تعرض للاغتصاب ، هل تعرف أين وكيف تحيلها؟

إذا كنت عرضة للعنف المبني على النوع الاجتماعي ، فما هي أكثر الوسائل المتاحة للدعم / المساعدة المتاحة؟ (الأسرة) (الشرطة) (الجيران) (أفراد الأسرة الممتدة) (قادة الإيمان) (المراكز النسائية المتخصصة) (أخرى)

هل تمكنت من الوصول إلى أي من خدمات الحماية المتاحة والوصول إليها خلال الشهرين الماضيين؟

نوع الخدمة	غير متوفر	متاح ولكن لا يمكن الوصول إليه ، إن أمكن حدد لماذا؟	نعم متاح ويمكن الوصول إليه	ملاحظات (مثل انقطاع الخدمة بسبب فايروس كورونا)
أماكن آمنة للنساء والفتيات				
الصحة النفسية والدعم النفسي والاجتماعي				
خدمات الصحة الجنسية والإيجابية				
الوعي والوصول إلى أو MHM المعلومات حول نظافة الإناث والصحة الجنسية والإيجابية				
خدمات ما قبل الولادة				
الدعم الصحي العام				
الدعم المالي				
خدمات قانونية				
إدارة حالات العنف المبني على النوع الاجتماعي				
الدعم (خط المساعدة الآمن عبر الهاتف / الإنترنت (عن بعد)				

ما هي الطريقة الأكثر عملية للوصول إليك؟

Endnotes:

- ¹ Inter-Agency Standing Committee, (March 2020) "IASC Gender Alert for Covid-19", available at [<https://www.humanitarianresponse.info/en/operations/bangladesh/document/iasc-gender-reference-groupgender-alert-Covid-19>]
- ² United Nations Policy Brief, (April 2020) "The Impact of Covid-19 on Women", available at [<https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2020/06/report/policy-brief-the-impact-ofCovid-19-on-women/policy-brief-the-impact-of-Covid-19-on-women-en-1.pdf>]
- ³ BRIDGE development –gender, Institute of Development studies, University of Sussex, (2003), "Gender and Armed Conflict", available at [<https://www.bridge.ids.ac.uk/reports/CEP-Conflict-Report.pdf>]
- ⁴ Middle East Institution, (June 2020) "The Gendered Impact of Covid-19 in the Middle East", available at [<https://www.mei.edu/publications/gendered-impact-Covid-19-middle-east>]
- ⁵ Oxfame, (June 2020), "Gender Analysis of the Covid-19 Pandemic in Iraq: Conducted in Kirkukm, Diyala and Sulaimaniyah Governorates", available at [<https://policy-practice.oxfam.org.uk/publications/gender-analysis-ofthe-Covid-19-pandemic-in-iraq-conducted-in-kirkuk-diyala-and-621007>]
- ⁶ United Nations, (2016), "Protecting humanity from future health crises: report of the United Nations High-Level Panel on the Global Response to Health Crises" available at [<https://digitallibrary.un.org/record/822489?ln=en>]
- ⁷ World Health Organization, (April 2020), "Covid-19 and violence against women. What the health sector/system can do", available at [<https://apps.who.int/iris/bitstream/handle/10665/331699/WHO-SRH-20.04-eng.pdf?ua=1&ua=1>]
- ⁸ United Nations Population Fund, "IRAQ Scorecard on Gender-based violence", available at [<https://arabstates.unfpa.org/sites/default/files/pub-pdf/UNFPA%20-%20Iraq%20WEB.pdf>]
- ⁹ Gender and Development Network, (August 2020), "The intersection of gender and disability", available at [<https://gadnetwork.org/gadn-resources/the-intersection-of-gender-and-disability-a-primer-for-internationaldevelopment-practitioners>]
- ¹⁰ United Nations Human Rights Office of the High Commissioner , (May 2020) "Stay at home, an illusion for far too many women in Iraq", available at [<https://www.ohchr.org/EN/NewsEvents/Pages/DomesticViolenceIraq.aspx>]
- ¹¹ UNFPA, (June 2020), "Coronavirus Disease (Covid-19) Pandemic UNFPA Global response plan" available at [<https://iraq.unfpa.org/en/publications/Covid-19-unfpa-global-response-plan-%E2%80%93-revised-june-2020>]
- ¹² World meter, "Coronavirus World meter cases", available at [<https://www.worldometers.info/coronavirus/country/iraq/>]
- ¹³ Human Rights Watch Iraq, (April 2020) "Iraq: Urgent Need for Domestic Violence Law" available at [<https://www.hrw.org/news/2020/04/22/iraq-urgent-need-domestic-violence-law>]
- ¹⁴ United Nations Human Rights Office of the High Commissioner, (May 2020) "Stay at home, an illusion for far too many women in Iraq", available at [<https://www.ohchr.org/EN/NewsEvents/Pages/DomesticViolenceIraq.aspx>]
- ¹⁵ United Nations Populations Fund, (April 2020) "Impact of the Covid-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage" available at [<https://www.unfpa.org/resources/impact-Covid-19-pandemic-family-planning-and-ending-gender-basedviolence-female-genital>]



Islamic Relief Worldwide

19 Rea Street South
Birmingham
B5 6LB
United Kingdom

Tel: +44 121 605 5555
Fax: +44 121 622 5003

irw@irworldwide.org
www.islamic-relief.org

Registered Charity No. 328158
Registered Company No. 02365572