

Country Update

Iraq

(March 22, 2021)

Context and government response:

As of March 22, 2021, Iraq has registered 789,547 cases of COVID-19, including 14,036 deaths. National shortage of testing kits and medical infrastructure may mean the number is higher, and that cases and deaths are likely significantly underreported. On March 26, 2020, the Iraqi Cabinet ordered a ministerial-level Committee for National Health and Safety to lead and manage national efforts at COVID-19 response. Iraqi authorities undertook a series of preventative measures to curb the spread of COVID-19. Including a nationwide curfew, banning of all non-essential travel, and banning of public gatherings and businesses. However, one year on since the outbreak of the pandemic, there continue to be alarming rates of COVID-19 cases, suggesting a significant health and humanitarian crisis.

Summary of impact:

The impact of COVID-19 has exacerbated a country already ranking high in a number of economic, political, societal, environmental, and security fragility metrics. Months before Iraq recorded its first case of COVID-19, the country was already experiencing a number of challenges. In October 2019, anti-government demonstrations broke out against the lack of basic services and economic opportunities. In this context, the COVID-19 pandemic has posed acute challenges, resulting in widespread job losses, price inflations, and increased poverty. Women, children, and displaced populations have been hit the hardest by the public and socioeconomic impacts of COVID-19. Lockdown measures and increases in poverty have led to an increase in use of child labor and early marriage as negative coping mechanisms. In post-conflict Iraq, 4.1

million people are in acute need for humanitarian assistance and women have been disproportionately affected by the food shortages, since many of the most vulnerable families are female-headed. All over the country, lockdown measures have led to the loss of livelihood and limited access to food, particularly for women, young women, and girls, which has exacerbated the use of child labor and early marriage as a coping mechanism.

Iraq's health sector, which comprises just 2.5% of Iraq's 106.5 USD billion budget, is largely underfunded and has caused a shortage of hospitals, medical equipment and supplies, and a shortage of medical staff. Women make up an estimated 60% of Iraq's healthcare work force. They are working longer hours and face higher risks of contracting the virus.

Financial dependence of women, which existed in Iraq already prior to the pandemic, has been exacerbated by the COVID-19 outbreak. Women make up 18% of Iraq's employed or employment-seeking population. Many women are financially dependent on their husbands, fathers or brothers, and this has been further aggravated by the pandemic. A study led by Oxfam in three governorates in Iraq found that women faced greater losses regarding their economic livelihood and autonomy, as well as an increase in the burden of unpaid care and domestic labor.

A domestic violence hotline supported by GNWP partners has estimated that the prevalence of gender-based violence has increased by 75% since the beginning of the pandemic. This is in line with the data of the GBV Sub Cluster Rapid Assessment on the Impact of COVID-19 in Iraq reports, which reported that 65 per cent of the service provision points reported an increase in one or more types of GBV in their areas of intervention. Overall, domestic violence has increased in all governorates of Iraq, and there have even been reports of suicides and killings within families, many of them involving women and girls. According to the GBV Sub Cluster, female-headed households, adolescent girls, underage mothers and families perceived to be affiliated with extremist groups have been the most exposed to GBV risks. In addition, requests for divorce and complaints against spouses from women to the police have also increased. There has been no government response to the increase in domestic violence cases during the pandemic, and there is a lack of protection measures for



women and girls. GNWP partners have called on the government to ensure that processes which will enforce accountability for perpetrators of domestic violence are implemented.

The COVID-19 pandemic has also worsened access to sexual and reproductive health services, which was already extremely limited, putting women at higher risks of mortality and morbidity that could be prevented. Oxfam reports that a shortage of contraceptive supplies, fear of contracting the virus in the health facilities and movement restrictions are among the key factors impacting women's sexual and reproductive health during the pandemic. The GBV Sub Cluster has also reported that there have also been reductions by more than 50% in GBV case management, psychosocial support, and awareness raising activities since March 2020.

Responses led by women-led civil society:

The Middle East Institute reports that, at the onset of the pandemic, civil society organizations directed their organizational structure towards awareness-raising across the country. However, the ability of these sub-state actors to fill the pandemic response gap

“has been limited by a variety of factors, including health and security risks to staff, restrictive legal frameworks for their activities, difficulty obtaining access exemptions, and the constrained ability of international partners to support their efforts.” This analysis was validated by GNWP partners, who report that the pandemic has impacted their ability to implement activities in work sites and they continue to face challenges to communicate directly with beneficiaries due to limited and decreasing access to technology for women. In addition, the suspension of several projects has led to the suspension of salaries for staff of women's rights organizations, which has had a significant impact on women peacebuilders' livelihoods and families.

Iraqi volunteer groups and local non-governmental organizations (NGOs) have been at the forefront of COVID-19 crisis response. GNWP partner, Al-Amal, based in Baghdad, fundraised 100 thousand USD through campaign crowdfunding on social media platforms. They have distributed the collected funds in a form of humanitarian aid to “more than 8000 families in the governorates of Anbar, Baghdad, Nineveh, Erbil and Najaf. The aid included food, medicines, rents, and wages for daily workers.”



Youth in particular have volunteered in every step of the process, from planning and launching the fundraisers, identifying the families in need and their needs, and buying the necessary supplies and distributing them. They have utilized their community outreach, experiences, and relationships with local authorities to work and move during the times of complete curfew.

Al-Amal's humanitarian relief efforts carried out by youth volunteers go "beyond meeting the urgent needs of the community" to also "foster social transformation, cohesion, and influence local decision-making." This promotes cooperation among youth volunteers, civil society actors, local authorities and other local actors.

Youth in Iraq are also raising awareness online of preventive measures and spreading peaceful messages. For example, Graduates of KAICIID's Social Media as a Space for Dialogue Programme have launched a series of online campaigns in response to a rise in hate speech during COVID-19, working to combat discrimination, promote good health practices and provide much-needed humanitarian aid. One of the members, Meron Akram Kacho, says "We believe the social separation can be used productively by strengthening and promoting social cohesion. Our core message remains simple. It's not the end of the world. We can get through this together."

