Women and Girls in Iraq During the COVID-19 Pandemic:
A Case Study of Five Governorates
Baghdad-Ninewa-Anbar-Kirkuk-Salah al-Din

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PREFACE

Domestic violence tends to reflect concerns related to financial resources, food shortages, and overcrowded living conditions in ordinary times especially in countries, such as Iraq, lacking protections of adequate shelters, domestic violence legislation and access to social services.

Lately, the COVID-19 pandemic has added isolation due to quarantine and curfews to the pre-existing causes of anxiety and stress among Iraq’s most vulnerable at risk group, namely, women and children. The feeling of isolation experienced by women arguably is made even more acute as a consequence of online misinformation and rumors, fraud and targeting, only partly offset by contact through telephone, Internet and social media.

Accordingly, in an effort to establish the extent and depth of the COVID-19 pandemic and curfew impact on women and children, in April 2020, as part of the UNDP Integrated Reconciliation Project, supported and financed by the government of Denmark, in cooperation with a number of women NGOs and in response to the recent call of the UN Secretary-General to place women and girls at the core of COVID-19 responses, UNDP introduced a remote psychosocial support initiative to help women and girls under quarantine to better cope with COVID-19 induced effects and to document and assess needs of Iraqi women experiencing or having experienced domestic violence in any of its forms.

The initiative used a web-based platform to train 75 female social workers from each of 15 governorates sampled in use of procedures, writing techniques, methodologies and tools used in psychosocial support for victims of violence in conflict settings. Training focused on problem-solving including situation analysis, need assessments, concluding with local knowledge such as options available for assistance and shelter as well as “good listening” techniques essential to conduct sympathetic, compassionate, substantive interviews. Expected outcomes from these sessions include improved ability to cope with anxiety and accompanying stress leading to an improved sense of safety and hope.

This current pilot study follows up the earlier initiative by training an additional 25 social workers to conduct telephone surveys of women in five of the 15 Iraqi governorates. The survey documents their responses to a series of 12 questions related, in turn, to a fundamental question: How has the COVID-19 pandemic has affected women?

As documented by this pilot study, COVID-19 pandemic has had a disproportionate impact on women as measured by their financial condition, limited access to, or denial of health care facilities and social services, reflecting as well, pre-existing, persistent gender inequality.

The Women’s Leadership Institute (WLI) extends its gratitude to all those who contributed to the successful completion of this work which documents the circumstances of women and girls in their own words as a basis for strengthening protection policies and assessing and responding to their immediate and urgent needs.

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INTRODUCTION

Iraqi women often assume job and community roles in addition to caring for their family members. According to the Central Statistical Organization (CSO) of the Ministry of Planning, women constitute 12.4 percent of the Iraqi workforce, and women-led families constitute 11 percent of total Iraqi households. The informal economy, which tends to be overworked and uninsured, constitutes a crisis in most of the five middle and low-income governorates, with little capacity to support these affected groups and where subsistence living tends to lead to frequent and severe episodes of domestic violence.

At the same time, Iraq’s many years of conflict have compromised large numbers of women, leaving many widows and others lacking means who must depend on social welfare systems for their survival. Women are often victims of human rights violations in conflict and war zones, but few as atrocious than those experienced by Iraqi women living the cities of Ninewa, Anbar, Salah al-Din, and Kirkuk during the ISIS occupation from 2014-2017. ISIS victims continue to deal with the residual psychological trauma and physical effects of ISIS atrocities today and likely will for the rest of their lives.

Even before the COVID-19 outbreak, Iraqi women experienced societal and culturally-induced discriminatory practices attributable to gender-bias and gender inequity often leading to instances of domestic violence in various forms although not always recognized as such. A general, pervasive lack of awareness as to what constitutes violent acts contributes to the problem of reporting and assessing the extent of domestic violence.

As well, women inclined to report instances of domestic violence are often dissuaded from doing so by family members to protect family reputation. According to the International Organization for Migration, 85 percent of Iraqi men say they will prevent any woman in their family from filing a complaint, and 75 percent of women say they will not report any incident of violence to the police for fear of more violence. Moreover, given the lack of shelters or reception facilities, police in general have no alternative than to transfer women complainants to prison as a safer alternative residence.

Simply stated, the COVID-19 outbreak made such matters worse based on available empirical evidence. Within a week of government-imposed curfews, quarantine, and other restrictions, local media and organizations could report a surge in incidents of domestic violence, including the rape of a disabled woman, assault by a husband, suicide of a woman, and another woman setting herself on fire.

According to UNFPA statements, 123 suicide attempts were reported during April-May 2020 due to gender-based violence at a time when women’s support centers were closed for curfew, leading to NGOs and international community pleas for the Iraqi Council of Representatives to expedite enactment of a law against domestic violence and to take immediate action to protect women from violence. More than six months after the government’s initial actions to control the spread of COVID-19, the Council has yet to enact protective legislation or substantively respond to urgent needs for legal and social assistance and shelter.

2 Iraq Poverty Monitoring and Evaluation Survey (2017), Ministry of Labor and Social Affairs.
3 Iraq Poverty Monitoring and Evaluation Survey (2017)
4 Dijlah TV
PART ONE: COVID-19 PANDEMIC AND WOMEN

According to CSO figures for 2018, the area of Iraq is 435,052 km², and its population in 2018 was 38,124,182 inhabitants (70 percent urban and 30 percent rural). Males constitute 51 percent and females 49 percent. The youth group 15-years and under accounts for 40 percent of the total population; the working age group between 15 and 64 years, 56 percent, and the elderly group 65 years and above constitutes 3 percent. The population growth rate is approximately 2.58 percent, and the dependency ratio is 77.1 percent. The area of the Kurdistan Region is more than 40,000 km² and its population is more than 5.2 million.

To contain the spread of COVID-19 infection once the danger became known, the government responded with various precautionary measures, beginning with a nationwide curfew starting on 14 March 2020; and the formation of a central COVID-19 crisis cell composed of high-ranking decision-makers at the national level and similar provincial cells in each governorate reporting to the central cell.

Although the curfew contributed to reducing infection levels, the government failed to respond to the citizens’ needs especially for those working in the informal economy and those below the poverty line, despite urgent appeals by civil society organizations and affected citizens and businesses.

Fears spread even among the public sector workers with the delayed payment of salaries (especially among pensioners), including those delivering health services, leading to widespread panic and fear of infection.

COVID-19 after-shocks, notably to the economy and the health system, continue to adversely affect all groups but women and girls more than others, especially those with household responsibility, breadwinners, and caretakers.

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5 Due to the difficulty in obtaining data, population data by age distribution is used to calculate the dependency rate. Therefore, the number of dependents is the number of residents who have not yet reached working age plus the number of residents who have reached the age of pension. The number of dependents is divided by the number of the population at working-age. This percentage is taken from the Central Bureau of Statistics website in Iraq.
**Key challenge: insecurity**

The health and economic pressures exerted by the COVID-19 pandemic exposed many women to intensified anti-social behaviors and practices; deteriorating or inaccessible healthcare; interruption or loss of income; and/or a scarcity of basic necessities (water, food, medicine and prevention supplies) although offset somewhat by initiatives depending upon the governorate where they lived.

Meanwhile, COVID-19 added to the frustrations that led many men to the streets in sometimes violent protest of their situation and the country’s general political malaise, worries of lost income and self-esteem and presumably many of the same curfew-related concerns experienced by women (e.g., confined living conditions due to quarantine) arguably exposing family members to increased threat of various forms of domestic violence. A recent report by the Women’s Empowerment Directorate at the General Secretariat of the Council of Ministers indicated that 94 percent of complaints reported to authorities in Ninewa, Diyala, Kirkuk and Dohuk governorates over a two month period were incidents of domestic violence.

A sad irony prevails in those areas formerly controlled by ISIS where the needs are greatest and the physical and human infrastructure remains weak, leading to a shortage of most services (especially healthcare) and poor economic conditions (lack of jobs). In addition, cultural mores continue to pose a very serious threat to the lives of women insofar as many have been denied access quarantine facilities or general hospitals to avoid being with males or even left alone in isolation places for several days.

**Importance of this study**

Despite impressive progress, nearly three years after liberation, the five governorates selected for this study (Baghdad, Anbar, Ninewa, Kirkuk and Salah al-Din) have yet to fully restore their pre-occupation human and physical infrastructure before the onset of the COVID-19 pandemic and related emergency measures added to already dire economic and domestic conditions for many women and girls. How many?

Without solid data, the impact of the COVID-19 crisis, and especially the nationwide curfew, a likely disproportionate impact on women and girls, especially women breadwinners in five governorates thought to be most severely affected, cannot be stated definitively.

With such data, policymakers and others have a resource important in understanding existing conditions, likely causes for the various forms of violence against women and mitigating actions needed as a “way forward.”

**Research questions**

To determine the impact of the pandemic on society, and in particular, the depth and extent of the impact of the curfew on women and girls, and the major impacts on households, the study asked the following questions:

- Has COVID-19 and the lockdown measures affected the economic situation of households?
- Has the quarantine affected mental health?
- Has the pandemic affected women more than men?
- Are you or any of your family members experiencing an illness?
- Has the pandemic increased women’s burdens?
- Did the family have any source of income during the curfew?
- Did you receive COVID-19-related awareness communication from the health authorities?
- Did you experience any health emergency during the curfew?

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• Have you received any support from relatives?
• Do you have any family member with disability and what kind of problems do you face when taking care of them?
• Are you facing any violent acts from a family member?
• Do you have concerns if the quarantine period continues?

Impact of training on social workers

The 25 social workers that were trained on providing psychological support and to conduct the survey contacted 2500 women and girls in the five governorates (500 in each governorate and 100 for each social workers).

All reported that their training was adequate to meet their performance expectations; and, further, that their shared remote experience helped to establish a sense of teamwork among social workers in all five governorates.

The group initiated discussions via WhatsApp to address the many issues raised during their on-going work and as a basis for project knowledge management. They also expressed their satisfaction with the response levels achieved during the survey conducted simultaneously as support was provided, despite the large number of women contacted in a relatively short period. The survey also documented individual success stories of safe reporting during the quarantine through hotlines. In one case, a woman was saved from a suicide attempt in cooperation with the Community Police of the Ministry of Interior in Baghdad and Kirkuk governorates.

The social workers reported that many women and girls contacted responded positively to the survey and talked without fear or anxiety as if in face-to-face interviews. The social workers also stated they were surprised by the number of women and girls exposed to instances of violence after the onset of COVID-19 and the curfew. The social workers endorsed the training as useful and expressed their desire for additional, similar training so as to build on their experience in the field.

Governorates

Summary Government measures in response to COVID-19 (curfews, home quarantine etc.) affected all five governorates chosen for this study, but these varied in terms of severity from one governorate to another, and even between their respective districts (Qadaa) and sub-districts (Nahiyah).

To greater or lesser degree, all respondents reported psychological trauma, panic, and/or fear, in addition to debilitating economic conditions while expressing a need of immediate help to cope with economic and psychological stress. Women breadwinners complained that increased food insecurity added to increased health risk which, in turn, affected the state of their mental health and that of the whole family.

Respondents also typically reported poor health awareness in terms of how to manage and to prevent COVID-19, and particularly, how to care for the most vulnerable groups, including people with disabilities, the elderly, children, and pregnant women; they also reported the acute shortage of, and/or lack of access to protection supplies and women’s sanitary kits.

In response to the imposition of curfew and home quarantine measures, some NGOs, including the Women Leadership Institute (WLI), introduced hotlines and SMS texts to assist at risk groups but particularly women with information as to how to deal with the effects of isolation, prevent the spread of COVID-19, take care of children, and safely report cases of domestic violence through applications and links protective of their privacy.

The social workers documented the effects of COVID-19 and the curfew in all five governorates, noting a specific context for each, highlighted as follows:
Baghdad Governorate (population: 8,126,755 inhabitants) is the country’s political center and the city of Baghdad its capital. Following the liberation of ISIS occupied territory, Baghdad camps for Internally Displaced Persons (IDP) became temporary homes for more IDPs than any other governorate, increasing demands on physical and social infrastructure, and adding to already high rates of unemployment.

Prior to the onset of the COVID-19 pandemic in October 2019, Baghdad had become the epicenter for widespread protests expressing the public’s dissatisfaction with government services and demand for jobs resulting in conflict, injury and death, due to government attempts to control and then suppress the demonstrations.

While women’s participation then and subsequently during later protests following the imposition of the COVID-19 curfew when women expressed their views through social media and field visits might suggest an increased “empowerment” and influence both inside and outside the home, this survey’s findings continue to document a dire situation for women and girls as a group potentially exposed to domestic violence, with actual instances increasing attributable to the COVID-19 pandemic and the socio-economic impact associated curfew. Al-Sadr City, Baghdad Governorate, offers a case in point.

Of the Baghdad Governorate areas surveyed, social workers reported Al-Sadr and Al-Rusafa with the highest percentage of COVID-19 cases; and of the two, women living in Al-Sadr City were the most affected based on their economic situation and exposure to, reported experience of various forms of domestic violence; and, accordingly, offered social workers their best opportunity to assess curfew impact for a number of reasons, including: (1) population density (47 percent of the governorate’s 3.25 million population); (2) high rates of illiteracy; (3) high percentage of women-led households; and of those, (4) most were employed in informal economy; further, social workers documented among respondents (5) insufficient knowledge and know-how to respond to emergencies in general and epidemics in particular; and, finally, (6) as households, respondents reported experiencing severe shortages in services.

The survey documented increased levels of domestic violence after isolation and the concomitant onset of increased family tensions. In Al-Karkh, Baghdad Governorate where COVID-19 cases were much lower than in Al-Rasafa and Al-Sadr, respondents focused on economic situations, fear of prolonged curfew and lack of COVID-19 prevention and protection.

Anbar Governorate (population 1,771,656 inhabitants) with approximately one-third of Iraq’s total land mass, is the country’s largest in terms of area. Anbar is sparsely populated, mostly rural, with an economy based on mostly subsistence farming and herding. Anbar’s social structure remains mostly tribal. Most women, many of them breadwinners, work in the informal economy and, despite arable land and high demand for agricultural products, remain economically vulnerable especially given their lack education and lack of alternative job prospects.

Salah al-Din Governorate (population 1,595,235 inhabitants) was occupied for more than two years during which time ISIS members destroyed many of its homes and economic infrastructure including crops and orchards. During the ISIS occupation, most of Salah al-Din’s inhabitants who could, fled to other governorates including Erbil and Sulaymaniyah in the Kurdistan Region and to Baghdad.

Kirkuk Governorate (population 1,597,876 inhabitants) Kirkuk Governorate remains subject to continuing conflict due to a shift in ISIS strategy from occupation to an insurgency. ISIS activity has actually increased in Kirkuk during the pandemic; the COVID-19 pandemic has simply added to women’s isolation and stress since many of those employed rely on manual or temporary jobs curtailed by the curfew.

Ninewa Governorate (population 3,445,136 inhabitants)\textsuperscript{11} social workers focused on the area north and northeast of the city of Mosul known as Ninewa Plain inhabited by a mix of Christians, Yazidis, Shabaks, and Kaka’s. ISIS made Mosul, Iraq’s third largest city, the capital of their so-called caliphate.

During the ISIS occupation, those who could not escape, faced grave violations, particularly women and girls, leaving many today still compromised, disabled and/or suffering from psychological trauma.

Ironically, Ninewa respondents to the survey reported in some instances that COVID-19 added another burden on households for reason of family members who migrated to countries to improve their situations only later found themselves exposed to high incidence of infection (USA, France, Spain, Italy and Germany). Respondents also reported that the number of women and girls whose conditions were already compromised by ISIS-induced disabilities and/or psychological trauma have steadily deteriorated under home quarantine.

Overall, Ninewa findings suggest curfew had greater impact on the elderly and people with chronic diseases and cancers who were unable to purchase medicines due to closure or lack of money, nor could they access doctors located in Erbil for reason of travel restrictions between the Ninewa and Kurdistan Region.

Trained social workers provide psychosocial support over the phone to women who may be experiencing increased instances of gender-based violence during the COVID-19 pandemic.
PART TWO: STATE OF EMERGENCY IN A LEGAL CONTEXT

The effects of ISIS violations on women in areas formerly under their control and today still subject to conflict, now compounded by the effects of the COVID-19 pandemic and curfew, call for a comprehensive national strategy consistent with UNSC Resolution 1325 and its subsequent resolutions, backed by legislation to protect and assist at risk groups, particularly women and children. Currently, Iraq lacks both appropriate legislation to curb domestic violence and comprehensive legislation to deal with national emergencies, including pandemics.

Legislation related to domestic violence, as stipulated in the constitution, has not been mandated despite the public record of a demonstrated need for same. Only the Kurdistan Region issued the Anti-Domestic Violence Law No. 8 of 2011. Article 61 (Ninth) of the Iraqi constitution regulated the state of emergency and the power to declare them. The related powers of the Prime Minister are yet to be regulated in a special law.

Law No. 1 of 2004 on defending the national integrity, although currently in effect, authorizes (Article 1) the declaration of a state of emergency only in one case, namely, “If the Iraqi people are exposed to a grave threat to their lives”; nor does the current law comply with Article 61 (Ninth) which stipulates the need for enacting legislation as appropriate to implement articles of the constitution. The limits of the current law became an impediment to government response at a critical time only solved with the convening of a Parliamentary Crisis Cell Committee to recognise and empower the government’s crisis committee to decide and then impose the COVID-19 curfew to contain and manage pandemic related matters short of declaring in fact what was/is a national emergency.

National strategies

Iraq has adopted several national strategies and plans to fulfill its obligations under the international treaties and conventions. These include:

- Relief, shelter, and stabilization plan for displaced families and humanitarian response (2018).
This study is based on the results of interviews conducted in the five governorates selected to assess how the COVID-19 pandemic and related curfew have affected women according to their responses to the aforementioned questions. The following is a technical analysis of the collected data:

General statistics

1- Age group
The sample included 194 females in the age group 15-20, 1025 in the age group 21-30, 518 in the age group 31-40, 400 in the age group 41-50, and 236 aged 51 years and above; 132 participants refused to answer (R).

2- Social status
The sample included 1,391 married women, 706 unmarried, 243 widows and 152 divorced; 13 participants refused to answer (R).

3- Academic achievement
The sample included 732 females with a bachelor degree, 337 who cannot read or write, 680 with elementary education, 261 with middle school education, 240 with preparatory school education, 126 with a diploma, 25 with a master’s degree, and two with a PhD; 102 participants refused to answer (R).

4- Number of family members
The sample included 1,180 females with 5-7 family members, 496 with 8-12 members, 689 with 2-4 members, 62 with 13 members and 23 with one family member; 55 participants refused to answer (R).
5- Religion
The sample included 2,077 Muslim participants, 379 Christians, 48 Yazidis and one Baha’i.

Statistics per survey questions

1. Have COVID-19 and the lockdown measures affected the economic situations of households?
1,943 respondents answered "yes" (77.5 percent), while 562 answered "no" (22.5 percent). In Anbar, 418 respondents answered "yes" and 84 "no"; in Ninewa, 361 respondents answered "yes" and 139 "no"; in Salah al-Din, 364 respondents answered “yes” and 136 “no”; in Kirkuk, 451 respondents answered “yes” and 49 “no”; and in Baghdad, 349 respondents answered “yes” and 154 “no”.

2. Has the quarantine affected mental health?
2,185 respondents answered "yes" (87.20 percent) while 320 answered "no" (12.80 percent). In Anbar, 436 respondents answered "yes" and 66 "no"; in Ninewa, 379 answered "yes" and 121 "no"; in Salah Al-Din, 471 answered "yes" and 29 "no"; in Kirkuk, 466 answered "yes" and 34 "no"; and in Baghdad, 433 respondents answered "yes" and 70 "no".
3. Has the pandemic affected women more than men?
1,180 respondents answered "yes" (47 percent), while 1,325 answered "no" (53 percent). In Anbar, 218 respondents answered "yes" and 284 "no"; in Ninewa, 153 answered "yes" and 347 "no"; in Salah al-Din, 266 answered "yes" and 234 "no"; in Kirkuk 273 answered “yes” and 227 “no”, and in Baghdad 270 respondents answered “yes” and 233 “no”.

4. Is any family member experiencing an illness?
1,143 respondents answered "yes" (45.6 percent), while 1,362 answered "no" (54.4 percent). In Anbar, 203 respondents answered "yes" and 299 "no"; in Ninewa, 194 answered "yes" and 306 "no"; in Salah al-Din, 298 answered "yes" and 202 "no"; in Kirkuk, 179 answered "yes" and 321 "no", and in Baghdad 269 respondents answered “yes” and 234 “no”.

Women and Girls in Iraq During the COVID-19 Pandemic
5. Has the pandemic increased women's burdens?
1,821 respondents answered "yes" (72.7 percent) while 684 answered "no" (27.3 percent). In Anbar, 382 respondents answered "yes" and 120 "no"; in Ninewa, 329 answered "yes" and 171 "no"; in Salah Al-Din, 412 answered "yes" and 88 "no"; in Kirkuk, 320 answered "yes" and 180 "no"; and in Baghdad, 378 respondents answered "yes" and 125 "no".

6. Did the family have any source of income during the curfew?
653 respondents answered "yes" (26 percent), while 1,852 answered "no" (74 percent). In Anbar, 72 respondents answered "yes" and 430 "no"; in Ninewa, 118 answered "yes" and 382 "no"; in Salah al-Din, 58 answered “yes” and 442 “no”; in Kirkuk 184 answered “yes” and 316 “no”, and in Baghdad 221 respondents answered “yes” and 282 “no”.

Women and Girls in Iraq During the COVID-19 Pandemic
7. Did you receive awareness communication from the health authorities?
804 respondents answered "yes" (32 percent), while 1,701 answered "no" (68 percent). In Anbar, 180 respondents answered "yes" and 322 "no"; in Ninewa, 232 answered "yes" and 268 "no"; in Salah al-Din, 82 answered “yes” and 418 “no”; in Kirkuk, 133 answered “yes” and 367 “no,” and in Baghdad 177 respondents answered “yes” and 326 “no”.

8. Did you experience any health emergency during the curfew?
573 respondents answered "yes" (22.8 percent), while 1,932 answered "no" (77.2 percent). In Anbar, 77 respondents answered "yes" and 425 "no"; in Ninewa, 88 answered "yes" and 412 "no"; in Salah al-Din, 219 answered “yes” and 281 “no”; in Kirkuk 47 answered “yes” and 453 “no”, and in Baghdad 142 respondents answered “yes” and 361 “no”.
9. Have you received any support from relatives?
675 respondents answered "yes" (27 percent), while 1,830 answered "no" (73 percent). In Anbar, 148 respondents answered "yes" and 354 "no"; in Ninewa, 78 answered "yes" and 422 "no"; in Salah al-Din, 199 answered "yes" and 301 "no"; in Kirkuk, 117 answered "yes" and 383 "no", and in Baghdad 133 respondents answered "yes" and 370 "no".

10. Do you have any family member with disability and what kind of problems do you face when taking care of them?
315 respondents answered "yes" (12.5 percent), while 2,190 answered "no" (87.5 percent). In Anbar, 55 respondents answered "yes" and 447 "no"; in Ninewa, 33 answered "yes" and 467 "no"; in Salah al-Din, 96 answered "yes" and 404 "no"; in Kirkuk 66 answered "yes" and 434 "no", and in Baghdad 65 respondents answered "yes" and 438 "no".
11. Are you facing any violent acts from a family member?
250 respondents answered "yes" (10 percent), while 2,182 answered "no" (90 percent). In Anbar, 112 respondents answered "yes" and 390 "no"; in Ninewa, 7 answered "yes" and 493 "no"; in Salah al-Din, 84 answered "yes" and 416 "no"; in Kirkuk, 5 answered "yes" and 422 "no", and in Baghdad 42 respondents answered "yes" and 461 "no".

The survey results indicate that domestic violence increased during the curfew. It was also noted that women and girls were reluctant to report instances of violence.

12. Do you have concerns if the quarantine period continues?
2,203 respondents answered "yes" (87.9 percent), while 302 answered "no" (12.1 percent). In Anbar, 434 respondents answered "yes" and 68 "no"; in Ninewa, 397 answered "yes" and 103 "no"; in Salah al-Din, 461 answered "yes" and 39 "no"; in Kirkuk, 482 answered "yes" and 18 "no", and in Baghdad 429 respondents answered "yes" and 74 "no".
Statistics by governorate: Baghdad

**Residence** The Baghdad Governorate sample included 503 women and girls: 350 in Rasafa (70 percent) and 153 in Al-Karkh (30 percent).

**Religion** The Baghdad Governorate sample included 502 Muslims and one Christian.

**Ethnicity** The Baghdad Governorate sample included 498 Arabs, 3 Kurds and 1 Lebanese residing in Iraq.

**Academic achievement** The Baghdad Governorate sample included 240 with a bachelor degree, 59 with elementary school education, 56 with preparatory school education, 55 with middle school education, 53 women who cannot read or write, 21 with a diploma, 13 with a master's degree, and two with a Ph.D.; 4 respondents refused to answer (R).

**Social status** The Baghdad Governorate sample included 201 respondents who were married, 189 unmarried, 64 divorced and 49 widows.

**Age groups** The Baghdad Governorate sample included 229 respondents who were in the age group 21-30 years, 97 in the age group 31-40, 86 in the age group 41-50, 61 aged 51 years and above, and 30 in the age group 15-20 years.
Family size  The Baghdad Governorate sample included 251 families with 5-7 members, 122 with 2-4 members, 104 with 8-12 members, 16 with 13+ members and 5 with 1 family member; 5 respondents refused to answer (R).

Number of Family Members

<table>
<thead>
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<th>Number of Family Members</th>
<th>1</th>
<th>2-4</th>
<th>5-7</th>
<th>8-12</th>
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<td></td>
<td>251</td>
<td>104</td>
<td>16</td>
<td>5</td>
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Statistics per survey questions – Baghdad responses

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have COVID-19 and the lockdown measures affected the economic situations of the family?</td>
<td>349</td>
<td>154</td>
</tr>
<tr>
<td>Has the quarantine affected the mental health?</td>
<td>433</td>
<td>70</td>
</tr>
<tr>
<td>Has the pandemic affected women more than men?</td>
<td>270</td>
<td>233</td>
</tr>
<tr>
<td>Is any family member experiencing an illness?</td>
<td>269</td>
<td>234</td>
</tr>
<tr>
<td>Has the pandemic increased women’s burdens?</td>
<td>378</td>
<td>125</td>
</tr>
<tr>
<td>Did the family have any source of income during the curfew?</td>
<td>221</td>
<td>282</td>
</tr>
<tr>
<td>Did you receive awareness communication from the health authorities?</td>
<td>177</td>
<td>326</td>
</tr>
<tr>
<td>Did you experience any health emergency during the curfew?</td>
<td>142</td>
<td>361</td>
</tr>
<tr>
<td>Have you received any support from relatives?</td>
<td>133</td>
<td>370</td>
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<tr>
<td>Do you have any family member with disability?</td>
<td>65</td>
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<tr>
<td>Are you facing any violent acts from a family member?</td>
<td>42</td>
<td>461</td>
</tr>
<tr>
<td>Do you have concerns if the quarantine period continues?</td>
<td>429</td>
<td>74</td>
</tr>
</tbody>
</table>
Statistics by governorate: Ninewa

**Residence** The Ninewa sample included 500 women and girls from 15 locations: Hamdaniya (358), Mosul (32), Bartella (27), Bashiqqa (25), Bahzani (17), Alqosh (11), Jordan (6), Australia (6), Germany (5), Tall Kayf (5), France (2), Gogjali (2), Nimrod (2), Sweden (1) and Turkey (1).

**Religion** The Ninewa Governorate sample included 377 Christians, 75 Muslims and 48 Yezidis.

**Academic achievement** The Ninewa Governorate sample included 180 with a bachelor degree, 87 with preparatory school education, 85 with elementary school education, 74 with middle school education, 60 with a diploma, 5 with a master's degree, and 8 women who cannot read or write; 1 respondent refused to answer (R).

**Social status** The Ninewa Governorate sample included 267 married respondents, 216 unmarried, 13 widows and 4 divorced.

**Age groups** The Ninewa Governorate sample included 260 in the age group 21-30 years, 81 in the age group 15-20, 73 in the age group 31-40, 47 in the age group 41-50 and 39 aged 50 years and above.
*Family members* The Ninewa Governorate sample included 241 respondents with 5-7 family members, 194 with 2-4, 62 with 8-12 and 1 with 13 family members; 1 respondent refused to answer (R).

**Number of Family Members**

---

<table>
<thead>
<tr>
<th>Number of Members</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<tr>
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<td>194</td>
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<td>8-12</td>
<td>62</td>
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<tr>
<td>13+</td>
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<td>R</td>
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**Statistics per survey questions - Ninewa responses**

<table>
<thead>
<tr>
<th>Question</th>
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<tbody>
<tr>
<td>Have COVID-19 and the lockdown measures affected the economic situations of the family?</td>
<td>361</td>
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</tr>
<tr>
<td>Has the quarantine affected the mental health?</td>
<td>379</td>
<td>121</td>
</tr>
<tr>
<td>Has the pandemic affected women more than men?</td>
<td>153</td>
<td>194</td>
</tr>
<tr>
<td>Is any family member experiencing an illness?</td>
<td>347</td>
<td>306</td>
</tr>
<tr>
<td>Has the pandemic increased women's burdens?</td>
<td>171</td>
<td>329</td>
</tr>
<tr>
<td>Did the family have any source of income during the curfew?</td>
<td>118</td>
<td>392</td>
</tr>
<tr>
<td>Did you receive awareness communication from the health authorities?</td>
<td>292</td>
<td>268</td>
</tr>
<tr>
<td>Did you experience any health emergency during the curfew?</td>
<td>88</td>
<td>412</td>
</tr>
<tr>
<td>Have you received any support from relatives?</td>
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<td>422</td>
</tr>
<tr>
<td>Do you have any family member with disability?</td>
<td>33</td>
<td>467</td>
</tr>
<tr>
<td>Are you facing any violent acts from a family member?</td>
<td>7</td>
<td>493</td>
</tr>
<tr>
<td>Do you have concerns if the quarantine period continues?</td>
<td>397</td>
<td>103</td>
</tr>
</tbody>
</table>
Statistics by governorate: Anbar

Residence The Anbar Governorate sample included 502 women and girls, from 21 locations: Fallujah (217), Ramadi (94), Hit (90), Anbar (25), Haditha (12), Al-Qaim (11), Al-Karma (8), Anah (8), Saqlawiyah (7), Amiriyah Camp (6), Rawa (6), Al-Shuhada neighborhood (3), Al-Amiriyah (3), Jbeil (2), Al-Zuhur neighborhood (2), Kebis (2) Al-Khalidiyah (2), Al-Rummana (1), Basra (1), Barouna (1) and Al-Nazzal neighborhood (1).

Religion The Anbar Governorate is a known majority Muslim governorate.

Academic achievement The Anbar Governorate sample included 189 respondents with elementary school education, 100 with a bachelor degree, 59 who could not read or write, 53 with middle school education, 47 with preparatory school education, 20 with a diploma, and 3 with a master’s degree; 31 respondents refused to answer (R).

Social status The Anbar Governorate sample included 258 married respondents, 115 unmarried, 89 widows and 40 divorced.

Age groups The Anbar Governorate sample included 163 respondents in the age group 21-30 years, 113 in the age group 31-40, 97 in the age group 41-50, 63 aged 51 years and above, 36 in the age group 15-20; 30 respondents refused to answer (R).
**Family members** The Anbar Governorate sample included 208 respondents with 5-7 family members, 138 with 2-4, 111 with 8-12, 13 with 13, and 11 with 1 family member; 21 respondents refused to answer (R).

### Number of Family Members

- 1: 13 respondents
- 2-4: 21 respondents
- 5-7: 111 respondents
- 8-12: 138 respondents
- 13: 11 respondents
- R: 21 respondents

### Statistics per survey questions - Anbar responses

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
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</thead>
<tbody>
<tr>
<td>Has COVID-19 and the lockdown measures affected the economic situations of the family?</td>
<td>418</td>
<td>84</td>
</tr>
<tr>
<td>Has the quarantine affected the mental health?</td>
<td>436</td>
<td>66</td>
</tr>
<tr>
<td>Has the pandemic affected women more than men?</td>
<td>218</td>
<td>284</td>
</tr>
<tr>
<td>Is any family member experiencing an illness?</td>
<td>203</td>
<td>299</td>
</tr>
<tr>
<td>Has the pandemic increased women's burdens?</td>
<td>382</td>
<td>120</td>
</tr>
<tr>
<td>Did the family have any source of income during the curfew?</td>
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<td>430</td>
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<td>Did you receive awareness communication from the health authorities?</td>
<td>180</td>
<td>322</td>
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<td>Did you experience any health emergency during the curfew?</td>
<td>77</td>
<td>425</td>
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<tr>
<td>Have you received any support from relatives?</td>
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<td>354</td>
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<tr>
<td>Do you have any family member with disability?</td>
<td>55</td>
<td>447</td>
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<tr>
<td>Are you facing any violent acts from a family member?</td>
<td>112</td>
<td>390</td>
</tr>
<tr>
<td>Do you have concerns if the quarantine period continues?</td>
<td>434</td>
<td>68</td>
</tr>
</tbody>
</table>
Statistics by governorate: Kirkuk

**Residence** The Kirkuk Governorate sample included 500 women and girls from Kirkuk City and the districts and sub districts of Kirkuk governorate.

**Religion** The Kirkuk Governorate the sample included 498 Muslims, one Christian, and one Baha’i.

**Ethnicity** The Kirkuk Governorate sample included 371 Arabs, 32 Turkmen, 20 Kurds, and one Fili; 76 respondents refused to answer (R).

**Academic achievement** The Kirkuk Governorate sample included 212 respondents with elementary school education, 108 who could not read or write, 53 with a bachelor degree, 35 with middle school education, 13 with preparatory school education, 13 with a diploma; 66 respondents refused to answer (R).

**Social status** The Kirkuk Governorate sample included 327 married respondents, 69 unmarried, 62 widows and 29 divorced; 13 respondents refused to answer (R).

**Age groups** The Kirkuk Governorate sample included 123 respondents in the group 31-40 years, 105 in the age group 41-50, 101 in the age group 21-30, 48 were aged 51 years and above, and 21 in the age group 15-20; 102 respondents refused to answer (R).
Family members The Kirkuk Governorate sample included 205 respondents with 5-7 family members, 128 with 8-12, 120 with 2-4, 17 with 13 members, and 2 with 1 family member; 28 respondents refused to answer (R).

Number of Family Members

Statistics per survey questions – Kirkuk responses

| Have COVID-19 and the lockdown measures affected the economic situations of the family? | Has the quarantine affected the mental health? | Has the pandemic affected women more than men? | Is any family member experiencing an illness? | Has the pandemic increased women's burdens? | Did the family have any source of income during the curfew? | Did you receive awareness communication from the health authorities? | Did you experience any health emergency during the curfew? | Have you received any support from relatives? | Do you have any family member with disability? | Are you facing any violent acts from a family member? | Do you have concerns if the quarantine period continues? |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No|
| 451 | 49 | 466 | 34 | 273 | 197 | 320 | 180 | 184 | 316 | 133 | 367 | 47 | 453 | 117 | 383 | 66 | 434 | 5 | 422 | 18 |
Statistics by governorate: Salah al-Din

Residence The Salah al-Din Governorate sample included 500 women and girls residing in 24 locations: Al-Alam (226), Shirqat (106), Tikrit (48), Baiji (41), Imsaylijk (14), Samarra (11), Al Duloeyah (8), Al-Dur (6), Al-Teen neighborhood (6), Mkeishifa (6), Balad (4), Yathrib (3), Al-Dayum (3), Al-Sabkha (3), Tuz Khurmatu (3), Al-Hajjaj (2), Al-Qadisiyah (2), Al-Jameya (1), Dujail (1), Diyala (1), Awinat (1), Rabidha (1), Al-Khasm (1) and Albu Ajeel (1).

Religion The Anbar Governorate is a known majority Muslim governorate.

Academic status The Salah al-Din Governorate sample included four respondents with master’s degrees, 159 with a bachelor degree, 135 with elementary school education, 31 with preparatory school education, 49 with middle school education, 13 with a diploma; and 109 who could not read or write.

Social status The Salah al-Din Governorate sample included 338 married respondents, 117 unmarried, 30 widows and 15 divorced.

Age groups The Salah al-Din Governorate sample included 272 respondents in the age group 21-30 years, 112 in the age group 31-40, 65 in the age group 41-50, 26 in the age group 15-20, and 25 aged 50 years and above.
Family members

The Salah al-Din Governorate sample included 275 respondents with 5-7 family members, 115 with 2-4, 91 with 8-12, 15 with 13+ members and 4 with 1 family member.

Number of Family Members

<table>
<thead>
<tr>
<th>Number of Family Members</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>2-4</td>
<td>115</td>
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<tr>
<td>5-7</td>
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</tr>
<tr>
<td>8-12</td>
<td>91</td>
</tr>
<tr>
<td>13+</td>
<td>15</td>
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Statistics per survey questions - Salah al-Din responses

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have COVID-19 and the lockdown measures affected the economic situations of the family?</td>
<td>364</td>
<td>136</td>
</tr>
<tr>
<td>Has the quarantine affected the mental health?</td>
<td>471</td>
<td>29</td>
</tr>
<tr>
<td>Has the pandemic affected women more than men?</td>
<td>266</td>
<td>234</td>
</tr>
<tr>
<td>Is any family member experiencing an illness?</td>
<td>298</td>
<td>202</td>
</tr>
<tr>
<td>Has the pandemic increased women's burdens?</td>
<td>412</td>
<td>88</td>
</tr>
<tr>
<td>Did the family have any source of income during the curfew?</td>
<td>58</td>
<td>442</td>
</tr>
<tr>
<td>Did you receive awareness communication from the health authorities?</td>
<td>82</td>
<td>418</td>
</tr>
<tr>
<td>Did you experience any health emergency during the curfew?</td>
<td>219</td>
<td>281</td>
</tr>
<tr>
<td>Have you received any support from relatives?</td>
<td>199</td>
<td>301</td>
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<tr>
<td>Do you have any family member with disability?</td>
<td>96</td>
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<tr>
<td>Are you facing any violent acts from a family member?</td>
<td>84</td>
<td>416</td>
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<tr>
<td>Do you have concerns if the quarantine period continues?</td>
<td>461</td>
<td>39</td>
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</tbody>
</table>
Trained social workers provide psychosocial support over the phone to women who may be experiencing increased instances of gender-based violence during the COVID-19 pandemic.
PART FOUR: STUDY OUTCOMES

Recorded problems and violations

Anxiety Most respondents describe their psychological state as one of anxiety with varying degrees of severity attributable to dire economic and social situations, fear of infection, and potential exposure to domestic violence while confined during a continued lockdown.

More specifically, factors contributing to this common problem include:

- **Income** Given that many respondents are self-employed and have experienced income loss, many face a severe, personal economic crisis. Many indicated that their monthly salaries or those of their husbands working in the private sector either have decreased or stopped completely during the curfew period; some families renting living space and unable to pay have successfully sought relief from landlords who have forgiven part or even all of the payments due

- **Violence** The curfew has led to increased instances of domestic violence

- **Workload** Family care and housework burdens have increased during the lockdown

- **Compliance** Those family members who fail to comply with home quarantine, social distancing or crisis cell instructions, contribute to widespread fear and panic as well as an increase in infections and a worsening economic crisis

- **Misinformation** Lack of transparency and disclosure, bureaucratic “red tape,” and rumours circulating through social media have helped to spread both the virus and fear of same. Misinformation, coupled with stigmatization, has led to a “social epidemic” considered by some women and girls worse than the virus itself12, leading to the conclusion that the fight against misinformation is as important as the fight against the virus itself

- **Unknowns** Fear of continued lockdown with inadequate healthcare and lack of daily sustenance due to the absence of any financial or food support from government or NGOs with no end in sight has led to a sense of panic and despair for many

- **Resources** An increasing number of COVID-19 cases, especially among those already suffering from chronic diseases, with disabilities, and/or elderly, all in urgent need of health, social and economic services, has exposed government neglect and mismanagement of these resources with little hope of improvement

- **Confinement** IDPs living in camps, already under stress due to dire economic- social- and compromised hygienic conditions, shortages of humanitarian relief

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12 https://www.aljazeera.net/news/healthmedicine/2020/3/8/%D8%A7%D9%84%D9%A4%D9%82-%D8%A7%D8%AA-%D8%A7%D9%84%D8%B6-%D9%85%D8%AC-%D8%9B

We are all in terror and not leaving home because yesterday the health authorities took a person with COVID-19 from the neighborhood.

One of the respondents

I cannot believe what is going on in this world... [I hope] it is a dream and I will wake up soon.... And we are back to normal.

One of the respondents

My husband is experiencing epileptic seizures more frequently due to deep concerns... Because he does not have enough money to make a living.

One of the respondents

We all live in one room. My father’s salary is not sufficient. I had to work in a bakery but the curfew closed this bakery. If God wills, it will reopen once the curfew is over.

One of the respondents
supplies, safe drinking water, and personal protective equipment (PPE), add to their plight the difficulty of physical distancing in confined spaces and the risk and worry of COVID-19 infection

- **Caregiving** As expected, some women caring for a disabled spouse, the elderly and/or family members with pre-existing chronic diseases, and lacking a stable income or loss of income, coupled with the fear of prolonged lockdown and its impact on their ability to purchase medicines, reported higher levels of stress

- **Pregnancy** Pregnant women also reported their fear becoming infected and transmitting the virus to their unborn children due to lack access to doctors and medical care during the curfew

- **Learning** School closures have had a disproportionate impact on female students at different grade levels. The Ministry of Education has plans to move to remote learning despite the economic situation in these governorates and poor Internet services

### Challenges

- **Privacy I** Some respondents did not have a private phone. When contacted, a male family member (husband, brother or father who owned the phone) typically would ask the researcher about the reason for their call. Sometimes, he would allow the respondent to answer, and in other times he simply apologized and hung up. Some respondents who did provide information were nonetheless reluctant to freely express their opinions because they feared reprisal

- **Privacy II** A number of respondents asked to be contacted at specific times; if a male family member knew about the call, he sometimes would take the phone or even threaten or actually inflict harm

- **Purpose** Many respondents requested financial or food aid, even though the purpose of the call was made clear

- **Familiarity** Some respondents had never heard of surveys; lacking an understanding, they either declined to answer or provided brief comments.

### Positive aspects

For all of the concerns expressed by the respondents, the social workers also recorded some positive opinions related to curfew, such as: increased family cohesion; spending more time with family; paying more attention to children as a function of time spent at home; other respondents used time at home to undertake self-help initiatives including new and/or improved skills including cooking, handicrafts, drawing, reading, embroidery, learning foreign languages, and enrollment in educational courses, such as human development; others mentioned taking new interest in exercise and an improved, healthier diet.

Most respondents said that the curfew helped them discover their talents, and others reported offering assistance to vulnerable families of all ethnicities and religions. A number of women with experience in sewing mentioned making masks and distributing them free-of-charge. Many women were gratified to participate in the survey and offered to help in contacting others who might want participate.
Lessons learned

The study validated the concept of providing psychological and social support remotely to beneficiaries. Social workers succeeded in contacting most respondents despite their remote locations, whereas they previously had sometimes failed to contact women even in close proximity.

The study helped to reinforce management and research procedures and strengthen interviewing skills among social workers who, in turn, developed an understanding of the complexity of the COVID-19 pandemic for reasons of the socio-economic impact associated with the curfew. In particularly, social workers mentioned:

• Workflow improved as a result of daily review of daily list of prospective interviewees
• Confidence in conducting interviews as a result of interaction with the respondents and exchanges among the social workers as peers
• Collection and indexing of interviews as an on-going process for purposes of facilitating data and knowledge management
• Identity with, understanding of, new appreciation for community problems as an aide to framing research in the future
• Well-framed and managed project allowed for a relatively quick response and a quality research product; and most important,
• Development of a large, consolidated database representative of beneficiaries and their needs in five governorates at a critical time.

Recommendations – Organisation specific

Urgent recommendations for the House of Representatives

• Review the Emergency Law (Law No. 1 of 2004) and enact a comprehensive new law, both in accordance with Article 61 (Ninth) of the Constitution and with Iraq’s international treaties and conventions obligations to cover all cases of declaring a state of emergency and consistent with UN guidelines of 1991 on suspending civil, social and cultural rights in the legislation of emergency laws so as to protect all vulnerable groups, especially women, girls and children
• Speed up the issuance of laws complementing the Constitution in accordance with Iraq’s international obligations, including, for example, the domestic violence law and the law on the right to access information
• Undertake a comprehensive review pending Iraqi legislation with the aim of abolishing any gender discriminatory articles; and similarly, longer term,
• Cooperate with a leading NGO to conduct a review of past legislation with the aim of amending provisions deemed gender discriminative

Urgent recommendations for the government

• Speed up the provision of basic services, especially health services for women and girls in the five governorates
• Strengthen the already approved economic and social protection programs for women who

13 Article 61 (Ninth) of the Iraq Constitution:
A. To consent to the declaration of war and the state of emergency by a two-thirds majority based on a joint request from the President of the Republic and the Prime Minister.
B. The state of emergency shall be declared for a period of thirty days, which can be extended after approval each time.
C. The Prime Minister shall be delegated the necessary powers which enable him to manage the affairs of the country during the period of the declaration of war and the state of emergency. These powers shall be regulated by a law in a way that does not contradict the Constitution.
D. The Prime Minister shall present to the Council of Representatives the measures taken and the results during the period of the declaration of war and the state of emergency within 15 days from the date of its end.
are breadwinners, especially Social Protection Law No. 11 of 2014

• Add an annex to the “Second National Plan for Resolution 1325”, currently being reviewed by the government, concerning the impact of COVID-19 on women, covering prevention, protection, participation and recovery during and after the pandemic
• Establish a mechanism for safe reporting of violations against women
• Build on established crisis cell infrastructure and recent experience to establish an easily activated quick prevention response based on a set of well-coordinated, common early warning plans
• Raise community awareness of COVID-19 prevention through various media channels and through awareness campaigns, especially in rural areas
• Open “women-only” quarantine centers run by female medical professionals
• Open shelters for violence against women survivors, similar to those of human trafficking victims
• Expand partnerships with and empower civil society organizations during the emergency situations so as to mobilise their resources and effect rapid resolution of crises
• Evaluate measures including providing financial assistance to mitigate the economic impact of COVID-19 on low-income and seasonal workers
• Enact or strengthen legislation as necessary to protect the right to privacy and the right to access information especially during crises and emergencies

Recommendations for local NGOs

• Focus on effective networking with civil society organizations
• Establish working groups composed of government, private sector, academics and youth to address deficiencies identified by the study data; and similarly,
• Identify and propose improvements to the healthcare system and work with government to implement same
• Monitor and document violations against women and girls during and after the pandemic
• Distribute PPE to those providing services to women and girls
• Continue to provide fact-based advice to general population so as to calm fears and introduce “what to do” and “how to” procedures for those affected with COVID-19
• Conduct follow-up surveys to track progress – or lack of it – for the course of the pandemic through online surveys
• Conduct a review of crisis management procedures and update guidelines as necessary

Recommendations for international organizations

• Provide appropriate crisis training and/or review for psychosocial support workers and related organizations
• Consider emergency cash for work and related empowerment efforts to assist women/girls during the pandemic
• Encourage and finance organizations to open women-only quarantine centers run by female medical professionals
• Continue advocacy campaigns to open shelters for violence against women survivors in partnership with government and local organizations
• Increase funding to alleviate urgent issues that arise during and after the crises as identified in this report
• Increase efforts and funding to public health education
• Increase financial support for projects focusing on national research, studies and reports related to women and girls in emergency situations
Trained social workers provide psychosocial support over the phone to women who may be experiencing increased instances of gender-based violence during the COVID-19 pandemic.
SUMMARY – KEY RECOMMENDATIONS

This pilot study has found that the COVID-19 pandemic and resulting curfew and limitations on movement in Iraq have affected the safety and security of women and girls in the five governorates surveyed. In response, the study offers the following key recommendations for the House of Representatives, government, non-governmental organizations and international organizations, in cooperation with, and supported by United Nations Development Programme and Women Leadership Institute (WLI):

- Create a high level expert committee to update WLI strategy to include (1) occupational and skills training for female breadwinners; and (2) formation of a “two-way” channel of networked, community “grass roots” groups acting as influencers and problem solvers
- Expand the scope of monitoring activities to cover more governorates and conduct regular in-depth surveys in the five governorates already covered
- Develop a “two-way” community communications program, including the COVID-19 economic, social and psychological impact on women, documenting risks and forms of domestic violence against women, along with promotion of available interventions (See next point, related, below)
- Expand provision of safe and specialised legal, psychological and economic services to other governorates by opening additional centres for women to easily find and seek help
- Consider a project to assist with a comprehensive review of Iraqi legislation for responsiveness to emergencies and crises focused on socio-economic impact with the possibility of an omnibus national emergency powers act based on a successful “best practice” model to be identified
- Improve women’s job and earning prospects through advanced training programs
- Enlist, engage, and mobilise support of Iraqi civil society and donors to assist women in rural and marginalized areas, especially breadwinners, with financial and other interventions consistent with needs in health, economic and social areas as identified in the survey

About Women Leadership Institute (WLI)

The Women Leadership Institute (WLI) is a non-governmental, non-profit organization founded in 2004 and licensed by the NGO Department in Iraq. WLI works to ensure broad participation of women in decision-making positions and, thereby, to contribute to a secure and peaceful Iraq. Accordingly, WLI aims to:

- Expand participation of Iraqi women in decision-making in all sectors
- Ensure Iraq meets its obligations under international treaties, conventions, and protocols related to women's rights
- Pre-empt and combat all forms of violence against women
- Ensure a government agenda incorporates a gender perspective and, thereby, takes into account the needs and protection of women and girls
## ANNEX: LIST OF SOCIAL WORKERS BY GOVERNORATE

<table>
<thead>
<tr>
<th>Name</th>
<th>Governorate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nadia Jaafar</td>
<td>Baghdad</td>
</tr>
<tr>
<td>Iman Fadel</td>
<td>Baghdad</td>
</tr>
<tr>
<td>Hiba Imad</td>
<td>Baghdad</td>
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<tr>
<td>Du’aa Muzaffar</td>
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<td>Lamis Jalal</td>
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<tr>
<td>Reem Saleh Mohamed</td>
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<td>Zahraa Mahmoud Mohamed</td>
<td>Salah al-Din</td>
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<td>Nisreen Abdullah Ahmad</td>
<td>Salah al-Din</td>
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<td>Anifeh Hader Zukam</td>
<td>Salah al-Din</td>
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<td>Iman Jaddou’a Mohamed</td>
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<td>Rajaa Karim Mouli</td>
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