Now and the Future

Gender Equality, Peace and Security in a COVID-19 World

Iraq

gaps[ ]
gender action for peace and security

ASUDA
Empower Women to Lead

Iraqi Women Network
شبكة النساء العراقيات
تۆڕی ژنانی عێراقی

WOMEN'S INTERNATIONAL LEAGUE FOR
PEACE & FREEDOM

1. Introduction

As part of its membership in the Gender Action for Peace and Security (GAPS) network, the Women's International League for Peace and Freedom (WILPF) took part in the implementation of the multi-country project 'Now and the Future: Gender Equality, Peace and Security in a COVID-19 World'.

This project provides in-depth gender-conflict analysis to help the international community and governments develop short- and long-term programmes and response frameworks that address the impact of COVID-19. This analysis also offers stakeholders insights into how the pandemic is impacting conflict dynamics, which are also gendered in themselves.

WILPF closely coordinated with its Iraq-based partners, the Iraqi Women Network (IWN) and Empower Women to Lead (ASUDA), to develop this report. WILPF partners in Iraq led the community consultations to ensure a participatory and community-led process. The goal of the consultations was to develop a series of recommendations targeting governments, multilateral institutions and international organisations to aid in the development of effective response policies and programmes. It also aimed to influence and transform the agendas of these parties and to evaluate and foster their commitments to the Women, Peace and Security (WPS) agenda.

The IWN and ASUDA conducted a total of 22 individual interviews[1] with community-based women activists in 16 Iraqi and Kurdistan Regional Government (KRG) governorates. These included 14 in-depth individual interviews conducted with women activists in local Civil Society Organisations (CSOs) in 11 Iraqi governorates, and eight in-depth individual interviews with women activists and university students in five KRG governorates. For safety reasons the participant organisations are not named in this report, but all project partners are grateful for their time, knowledge and expertise.

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[1] The participants in the individual interviews were selected in a way that took into account the diversity of opinions and experiences as a result of intersecting factors (such as age, gender, economic and social conditions, etc.).

To ensure consistency with the other nine country reports that will be produced as part of this project, this report used the research tool 'Beyond Consultations: A tool to promote more meaningful engagement of women in fragile and conflict-affected states', developed in March 2019 by GAPS and a group of its partners.

The field consultations held by partner organisations through individual interviews covered multiple and intersecting themes, mainly peace and security, the meaningful participation of women and girls, leadership and decision-making, support networks for women and girls, safety nets and community participation, violence against women and girls, emergency laws, living conditions, unsafe work and women's economic rights, unpaid care, social protection, reproductive and sexual health rights, militarisation, technology, and equal access to health services during COVID-19.

2.Recommendations

2.1. **Recommendation 1: Recognising gender-based violence as a pandemic parallel to COVID-19**

The international community should provide technical and monetary support to the Federal Government of Iraq (FGI) and the KRG to address gender-based violence (GBV), which includes both domestic violence and sexual violence, as a pandemic parallel to COVID-19. This should be done by strengthening formal gender-sensitive multisectoral response mechanisms that consider safe and confidential reporting of violence by survivors. The two governments should also be urged to involve all marginalised groups, including women and girls, in national and official consultations to formulate intersectional response mechanisms that are effective, gender-sensitive and needs-based, to ensure full and inclusive access to justice for all groups across all governorates.

The international community needs to urge the two governments in Iraq to address femicide and the rising number of women being killed because of COVID-19, by ensuring adequate preventative and protective legislations are in place, enhancing awareness-raising programmes as GBV-preventive frameworks, and supporting girls' education (particularly those impacted by the spread of domestic violence). The international and multilateral community also needs to provide tools and means to monitor governments' efforts to ensure access to justice for all women as per both governments' commitments under International Human Rights Law (IHRL).

2.2. **Recommendation 2: Developing effective national gender-sensitive emergency plans, based on an intersectional feminist analysis of crises**

The international community needs to provide technical and monetary support to the FGI and KRG to develop national emergency plans to respond to crises in a gender-sensitive manner. These plans should be based on intersectional feminist analysis of crises that examines the impact, cost and gender implications of previous crises on women, girls and all marginalised groups.

The two governments should not overlook the pre-COVID-19 crises that exacerbated and spread violence and made reporting of it difficult. They need to address the impact of the destruction of infrastructure, systematic displacement on the increase in GBV against women and girls as a result of numerous crises and conflicts.

2.3. Recommendation 3: Economic fragility and feminisation of poverty: women's work in the informal economy

In the short-term, the international community needs to support the FGI and KRG to provide economic and living support to the hardest hit families to reduce the risk of increased poverty and rates of GBV.

In the medium- and long-term, the international community should urge the FGI and KRG to invest in human capital, strengthen productive sectors and provide legal protection to working women across all sectors to protect them from arbitrary dismissal or employment without a contract. Women's economic participation in the informal sector must also be addressed to allow them to have access to social security.

2.4. Recommendation 4: Support efforts of local and national feminist organisations that have proven effective in responding to COVID-19 despite limited and inflexible funding resources

The international community needs to provide long-term and sustainable technical and monetary support to feminist and women's organisations and networks in Iraq and the Kurdistan Region, particularly those active on the ground that have been at the forefront in responding to COVID-19 and its impact on local communities.

The international community should also show greater flexibility in support frameworks, particularly those that support efforts to detect the impacts of COVID-19 from a feminist perspective or the disproportionate gender cost to women and the most marginalised groups in society.

2.5. Recommendation 5: Support women's political participation and decision-making role in designing the response to the pandemic and future pandemics and crises

The international community should support the FGI and KRG to ensure that women from all regions and groups meaningfully participate in the development of emergency response plans and committees so that all of the intersecting issues affecting women and girls and other marginalised groups are considered and addressed. This will also help to strengthen coordination and networking with women's organisations and networks at local levels to ensure that effective response plans, sensitive to all the needs of marginalised groups, are developed and implemented.

The international community should provide all forms of technical advice and expertise on crisis management and the development of strategic and emergency/contingency plans to limit the harms of crises where necessary.

Both FGI and KRG should provide all forms of protection for women to meaningfully participate in decision-making positions, especially in the face of the patriarchal backlash that would subject women to violence, defamation or even being killed due to their political participation.

The international community should also urge the two governments to examine the structural root causes that may hinder the development of effective response plans (such as infrastructure, patriarchal systems, etc.), and address them by developing, implementing and monitoring long-term plans.

2.6. Recommendation 6: Militarisation and proliferation of arms

The international community needs to stop the supply of weapons and military equipment that could reach militias. It also needs to urge the FGI to stop illegal arms sales and document violations committed by the armed authorities including those affiliated with, or acting as proxy to, the official Iraqi armed forces, and to capture its gendered impact on women and minority groups in Iraq. The international community should also press the government to shift from a military response to one rooted in health and social considerations, increasing the effectiveness of the response and reducing the risk of crisis.

2.7. Recommendation 7: Gendered impact of online learning and equal access to technology

The international community should support the two governments in Iraq to provide internet connection to remote areas free of charge, provide smart devices for students for free or at significantly reduced prices, ensure students' access to the internet, and give groups with special needs adequate tools to ensure access to technological resources. Both governments should develop distance learning frameworks in a manner that considers gender differences, conduct gender analysis studies before implementing them, and strengthen coordination with all the Civil Society Organisations (CSOs) active in the field.

2.8. Recommendation 8: Promoting gender-sensitive health responses

The international community should urge the two governments in Iraq to make significant investments in the health sector, while considering gender and regional differences and the different needs of all marginalised groups. The international community should also support local health organisations by supporting projects to deliver medical services to women and girls unable to access health services. Health responses should also be gender-sensitive.

3.Recommendations and Evidence

3.1. Recommendation 1:

Recognising gender-based violence as a pandemic parallel to COVID-19

The international community should provide technical and monetary support to the Federal Government of Iraq (FGI) and the KRG to address gender-based violence (GBV), which includes both domestic violence and sexual violence, as a pandemic parallel to COVID-19. This should be done by strengthening formal gender-sensitive multisectoral response mechanisms that consider safe and confidential reporting of violence by survivors. The two governments should also be urged to involve all marginalised groups, including women and girls, in national and official consultations to formulte intersectional response mechanisms that are effective, gender-sensitive and needs-based, to ensure full and inclusive access to justice for all groups across all governorates

The international community needs to urge the two governments in Iraq to address femicide and the rising number of women being killed because of COVID-19, by ensuring adequate preventative and protective legislations are in place, enhancing awareness-raising programmes as GBV-preventive frameworks, and supporting girls' education (particularly those impacted by the spread of domestic violence). The international and multilateral community also needs to provide tools and means to monitor governments' efforts to ensure access to justice for all women as per both governments' commitments under International Human Rights Law (IHRL).

The incidence rate of domestic violence in Iraq and the Kurdistan Region has doubled as a result of COVID-19. Some interviewees from the Muthanna and Basra governorates in southern Iraq indicate that the rate has increased by 30 per cent compared to before COVID-19. Some interviewees point to the emergence of what has come to be known as 'violence extremism', with women being subjected to the most heinous forms of violence and murder at the hands of their husbands.

Major forms of violence that have risen under COVID-19 are sexual harassment of women, particularly in rural areas or online, high rates of rape of women and girls by relatives, and a marked rise in underage forced marriages due to school suspensions. Many participants in different governorates suggest rising suicide rates among women and young women because of stress or domestic violence.

The forms of violence experienced by women and girls have increased under COVID-19. This is a result of an official and governmental failure of the FGI and KRG to strengthen formal gender-sensitive infrastructure and response systems that observe the Standard Operational Procedures of safe and confidential reporting of violence by survivors. In most of the governorates, research participants indicated that reporting domestic violence is still done through Civil Society Organisations (CSOs). During the pandemic, reports are being made through volunteers during missions of aid distribution or COVID-19 awareness sessions, particularly in remote or marginalised areas. Thus women survivors remain vulnerable to multiple forms of marginalisation, limited and inadequate reporting and, consequently, access to justice. This is as a result of the complexities of the judicial system and its lack of structure and services to promote safe and confidential reporting by women.

Many structural issues have come together to limit women's and girls' access to justice, namely:

- Security forces and affiliated groups deployed as part of the official response to the pandemic restricted women's and girls' mobility, thus limiting their access to health or security facilities to report violence or obtain proof of their exposure to violence.
- Courts were suspended for over six months because of lockdown measures, without creating official alternative channels for women and girls to access justice, which resulted in many women and girls losing their rights to prosecute perpetrators of violence. Moreover, court suspension also halted women's legal rights, such as alimony, particularly for female breadwinners, prompting many women to consider committing suicide.
- Women's welfare payments were suspended for three months, burdening female breadwinners.
- Disruption of community police because of COVID-19, including closure of their centres and headquarters and disruption of their programmes, reduced women's and girls' access to official reporting channels. This was in addition to a lack of allocated funds or any gender-sensitive operational procedures.
- Community police do not have women staff or training programmes to deal with domestic violence cases. Therefore, only one per cent of domestic violence cases in the Muthanna Governorate, for example, have had access to referral pathways.
- There is an absence of formal protection mechanisms for women and a lack of safe shelters for women survivors of domestic violence. In one governorate, organisations active in responding to domestic violence asked a judge to place victims of domestic violence or rape in prisons to protect them from their families or from the perpetrators, which would lead to them holding a criminal record.

For these reasons, the international community needs to urge the FGI and KRG to enact laws to protect women from all forms of violence, including GBV. Furthermore, official efforts should go beyond enacting laws and legislation, towards enhancing multisectoral response systems to domestic violence. This would strengthen decentralisation to ensure women's and girls' equal access to justice in rural and marginalised areas. These actions should be taken in addition to strengthening coordination mechanisms between the FGI and KRG. The two governments should find ways to legally respond to GBV cases in a manner that undermines tribal hegemony.

3.2. Recommendation 2:

Developing effective national gender-sensitive emergency plans based on an intersectional feminist analysis of crises to respond to crises

The international community needs to provide technical and monetary support to the FGI and KRG to develop national emergency plans to respond to crises in a gender-sensitive manner. These plans should be based on intersectional feminist analysis of crises that examines the impact, cost and gender implications of previous crises on women, girls and all marginalised groups.

The two governments should not overlook the pre-COVID-19 crises that exacerbated and spread violence and made reporting of it difficult. They need to address the impact of the destruction of infrastructure, systematic displacement on the increase in GBV against women and girls as a result of numerous crises and conflicts.

COVID-19 has deepened many pre-existing inequalities. Women and girls in many governorates have long faced complex forms of GBV aggravated by economic, political, cultural and even environmental factors. Therefore, an effective response to the GBV pandemic in Iraq must not overlook the prevailing and intersecting forms of violence, the factors that have caused their spread and aggravation, or the continued suffering of some groups due to a lack of treatment or resources. Women and girls have borne the brunt of the crises that Iraq has experienced in recent decades. No adequate services or assistance have been offered to them and they have not been sufficiently covered by protection and prevention programmes, increasing their vulnerability to violence, harassment, poverty and marginalisation.

Major forms of compounded violence include:

- Women associated with ISIS families being subjected to hostile acts that may amount to murder, rape, committing suicide, denial of identity for them and their children, denial of education, ostracisation, stigmatisation and community expulsion towards them and their children.
- Women's and girls' reluctance to report sexual rape or sexual crimes for fear of femicides or what is culturally known as 'honour killings'.
- Forcing internally displaced persons (IDPs) to return to their areas of origin. Most IDPs are female breadwinners and single heads of households who prefer to stay in camps, where they can receive food assistance and other services unavailable in areas of return.
- High poverty rates in some governorates and regions, such as Sinjar, where most women are without male-breadwinners because of the genocide in the region, in addition to the lack of access to food rations.
- Unequal opportunities for women and men, with most women having informal jobs – most of which were lost as a result of COVID-19.

- The embargo that Iraq experienced in the 1990s has had long-term effects and impacts on the socio-economic wellbeing and health of women and families, including intergenerational trauma.
- The multiple wars that Iraq has experienced have had a deep social impact and have led to increased deaths and declines in the availability and quality of education and health services. The impact of these conditions on Iraq is greater than the combined effects of COVID-19.
- The widespread displacement and its ongoing impact and repercussions, as many families still live in camps although their areas were 'liberated' from ISIS as early as 2015.
- The Tigris River flood in 2019 and its impact on the many villages and orchards, in addition to the impact of earthquakes, especially in the governorates bordering Sulaymaniyah and Iran.

In summary the impact of crises persists long after they come to an end. In the case of Iraq, following the aforementioned crises (displacement, spread of extremist groups, floods and severe economic and social hardships including poverty, exclusion, marginalisation etc.), the FGI and KRG should identify and address the long-term impact of these crises into the emergency plans by investing in medium- and long-term preventive efforts. This will ensure that when crises fade away, the economic, social and cultural effects (including loss of income and high levels of insecurity) will be easier to address.

"The National Plan for Resolution 1325 must specify the role of both local and international community in responding to crises and learning from previous experiences."
Participant from Dhi Qar Governorate

3.3. Recommendation 3:

Economic fragility and feminisation of poverty: women's work in the informal economy

In the short-term, the international community needs to support the FGI and KRG to provide economic and living support to the hardest hit families to reduce the risk of increased poverty and rates of GBV.

In the medium- and long-term, the international community should urge the FGI and KRG to invest in human capital, strengthen productive sectors and provide legal protection to working women across all sectors to protect them from arbitrary dismissal or employment without a contract. Women's economic participation in the informal sector must also be addressed to allow them to have access to social security.

Participants who took part in this research noted that women are disproportionally impacted by the economic and social consequences of COVID-19. The pandemic is also expected to cause high levels of poverty and increased marginalisation of various groups, especially women and girls.

Participants suggest that the groups most affected by the economic impact of COVID-19 are low-income families, women in the informal sector, women working in agriculture, and female breadwinners and women-heads of households (particularly widows, divorcees and female IDPs, who, according to Oxfam, provide for one in ten families in Iraq). On pre-COVID-19 economic activity, an Oxfam study conducted in June 2020 indicates that between 15-30 per cent of women surveyed in Iraq who were engaged in income-generating economic activities before COVID-19, have lost this income completely due to the pandemic.[2] In an International Labour Organization (ILO) study, 85 per cent of all families interviewed in Iraq (3,200) indicate that their savings would last for less than three months.[3]

"A major impact of violence is economic violence, where women, especially breadwinners, have become responsible for running a household without a daily or monthly income. For example, 90 per cent of the returnees to the villages north of Meqdadiya depend on daily work and the majority have become unemployed because of curfews. Most of these are widows and divorcees with severe family problems."
Participant from Dialah Governorate

In addition to the immediate causes of the loss of income-generating economic activities, of which curfews and falling oil prices are major factors, participants also pointed out the need to look into other root causes that have doubled the impact on women. Domestic violence and the domination by male family members are major reasons. This is in addition to doubled burdens of household chores on women: since all family members are at home there are additional accompanying tasks, such as sanitisation, which overburdens women who then have less time to engage in income-generating activities. In addition, women's work in the agricultural sector in rural areas is considered part of household chores and these women work for free without any wages, insurance, compensation or risk insurance against, for example, weather-related injuries, snakes and insects.

Participants from rural areas note that the formal response to COVID-19 focuses on major cities and neglects rural areas where women make up 70 per cent of the workers in the agricultural fields. In these areas, many women also work in informal jobs, such as carpet making or fishing, which exposes them to further challenges and risks under COVID-19.

Finally, the gender cost of the mechanisms used by families to cope with COVID-19 requirements should be considered. Food security is a major challenge for women, particularly pregnant and nursing women, as they may reduce their consumption of food for the sake of feeding other family members, especially children and men. Child marriage is also a major concern, with the numbers increasing to ease the 'economic burden' on families by reducing expenditures, as noted by the research participants.

[2] Oxfam, Gender Analysis of COVID-19 Pandemic in Iraq conducted in Kirkuk, Dialah and Sulaymaniyah Governorates, June 2020
[3] ILO, Rapid Assessment of the Impacts of COVID-19 on Vulnerable Populations and Small-Scale Enterprises in Iraq, July 2020

The two governments should therefore adopt economic policies that, in the short-, medium- and long-term, help improve families' socio-economic conditions, especially during crises. In the short-term, the governments should provide emergency cash transfers to the most vulnerable women or those at risk, as an additional means to protect them from GBV risks. In the medium- and long-term, the FGI and KRG should invest in human capital, strengthen productive sectors and provide legal protection to women working in all sectors against arbitrary dismissal or employment without a contract. Women's economic participation in the informal sector must also be addressed to allow them to access social security.

3.4. Recommendation 4:

Support efforts of local and national feminist organisations that have proven effective in responding to COVID-19 despite limited and inflexible funding resources

The international community needs to provide long-term and sustainable technical and monetary support to feminist and women's organisations and networks in Iraq and the Kurdistan Region, particularly those active on the ground that have been at the forefront in responding to COVID-19 and its impact on local communities.

The international community should also show greater flexibility in support frameworks, particularly those that support efforts to detect the impacts of COVID-19 from a feminist perspective or the disproportionate gender cost to women and the most marginalised groups in society.

As in many Arab countries, women's organisations and networks, as well as CSOs in Iraq and the Kurdistan Region, have played a key role in responding to COVID-19. They are working at the frontline by: forming crisis response groups; developing action strategies to raise awareness of COVID-19 risks; expanding outreach to rural and most marginalised areas; distributing health and food aid, sanitisers, and prevention tools; and providing psychological support to women not able or allowed to leave the house and to adolescent girls deprived of education or technological means of communication because of customs and traditions.

As a result of girls' lack of equal access to IT tools and equipment, CSOs have supported student groups that were formed to ensure girls' access to lectures or to train them on the use of the internet (Recommendation 7).

Some international organisations have played a role in supporting the efforts of local and national organisations in Iraq to provide psychological and financial support to the families most in need or at greater risk. However, some were less supportive as they did not accept the need to change their original terms of funding in order to re-allocate funds to cover the expenses of emergency response and support relief efforts. Moreover, interventions by these international organisations were at times limited to conducting questionnaires and did not go beyond that to provide direct services, especially in IDP camps which forced the camp authorities to raise funds to provide for IDP needs.

It is worth mentioning that CSOs were quicker and more effective to respond to COVID-19 than the official response. According to responses from the Diyala Governorate: 'the first responders to COVID-19 were local organisations followed by places of worship, then international organisations, and finally the FGI'.

The results reveal a severe failure in the official response, which neglected rural areas and did not observe gender sensitivity or consider the unique needs of marginalised groups. In addition, the official decision on distance learning did not, in any way, consider the structural challenges at the cultural, economic and social levels, as well as gender inequality in access to technology and a lack of relevant infrastructure (Recommendation 7).

Consequently, local and national CSOs on the frontlines were quickly able to identify major shortcomings in the official response to COVID-19 and provide alternative response mechanisms. Furthermore, as a result of their geographical reach, women's organisations and networks are best able to understand the cultural and social contexts prevailing in different regions and to plan and implement direct and preventive response efforts in a culturally sensitive manner. Therefore, the international community should continue to support the efforts of these organisations and networks, and show more flexibility in implementing programmes and funding to ensure effective response at the preventive, protective and other levels.

3.5. Recommendation 5:

Support women's political participation and decision-making role in designing the response to the pandemic and future pandemics and crises

The international community should support the FGI and KRG to ensure that women from all regions and groups meaningfully participate in the development of emergency response plans and committees so that all of the intersecting issues affecting women and girls and other marginalised groups are considered and addressed. This will also help to strengthen coordination and networking with women's organisations and networks at local levels to ensure that effective response plans, sensitive to all the needs of marginalised groups, are developed and implemented.

The international community should provide all forms of technical advice and expertise on crisis management and the development of strategic and emergency/contingency plans to limit the harms of crises where necessary.

Both FGI and KRG should provide all forms of protection for women to meaningfully participate in decision-making positions, especially in the face of the patriarchal backlash that would subject women to violence, defamation or even being killed due to their political participation.

The international community should also urge the two governments to examine the structural root causes that may hinder the development of effective response plans (such as infrastructure, patriarchal systems, etc.), and address them by developing, implementing and monitoring long-term plans.

Women in Iraq continue to be bullied and defamed if they participate in politics. According to one participant: 'Women who have participated in elections as candidates have been defamed, bullied or threatened, which has led them to quit. Some have even been killed.

Women and girls in Iraq are viewed as inferior to men as a result of cultural and social factors, particularly in southern Iraq. Many research participants indicated that women's access to decision-making positions at the national level (ministerial and parliamentary) is still affected to a large extent by favouritism and nepotism, which tends to prevent women from seeking or securing positions within the government.

This has been reflected in the decision-making of the official response to COVID-19, where women were not adequately involved. This was in part due to the number of women in decision-making positions at local levels being reduced following the dissolution of the governorate councils in October 2019.

All forms of women's political participation and civil action including at grassroots levels, and particularly during COVID-19, should be supported and fostered, and women's meaningful political participation should be mainstreamed at all levels and empowered to have transformative impact rather than merely fulfilling quotas, despite their importance and effect (Recommendation 4).

Participants indicate that the presence of active women in legislatures would in normal circumstances strengthen legal protections for women. However, during COVID-19, women parliamentarians have not been able to make or influence any initiatives or decisions on gender equality. On the other hand, frontline women at the local level, such as doctors, nurses and feminist activists in civil society, have been able to achieve an effective response regardless of their official forms of participation.

Therefore, the international community should continue to urge the FGI and KRG to strengthen women's meaningful participation at all levels of decision-making. The two governments should also include women in the emergency committees set up to respond to the crisis to support women's representation, in addition to encouraging active networking and coordination with existing civil networks and organisations in all regions. These existing networks and organisations have proven to be able to respond in a more effective and integrated manner than the official response.

Participants note the following major shortcomings of the official response in Iraq in the absence of women's participation (or compared to the response of local feminist and women's organisations):

- The FGI's Ministry of Interior's only response to the pandemic was to have curfews and closures enforced by armed police and other security groups, while focusing on urban areas and neglecting rural areas.

- Curfew policies fail to recognise the rights of minority communities and groups, such as Yazidi women in KRG camps and those coming from camps in Syria. These groups were instead asked to leave camps during curfews and travel bans.[4]
- Failure to provide services to all citizens including groups that have lost income and groups with special needs.
- The inadequate government and official response was apparent in the inability of the health system to manage or limit the spread of COVID-19 (Recommendation 8).
- The government decision to switch to online education failed to observe gender differences and caused unequal access, depriving many girls of education, which led to an increase in child marriage (Recommendation 7).
- Women and girls have been deprived of health services due to the failure of prevention mechanisms as well as the inadequate medical resources and personnel in the healthcare system. Healthcare in schools is urgently needed as girls are sometimes not allowed to go to health centres.
- The absence of effective response frameworks for domestic violence cases (no multisectoral response systems, particularly in courts and police institutions).
- Non-observance of women's economic situation, which led to increased levels of feminisation of poverty, suicide and sexual exploitation as a result of hunger and the deteriorating overall economic situation (Recommendation 3).

3.6. Recommendation 6:

Militarisation and proliferation of arms

The international community needs to stop the supply of weapons and military equipment that could reach militias. It also needs to urge the FGI to stop illegal arms sales and document violations committed by the armed authorities including those affiliated with, or acting as proxy to, the official Iraqi armed forces, and to capture its gendered impact on women and minority groups in Iraq. The international community should also press the government to shift from a military response to one rooted in health and social considerations, increasing the effectiveness of the response and reducing the risk of crisis.

Participants indicated that the FGI and the Popular Mobilization Forces have imposed security policies, including adherence to curfews, by force of arms. The securitisation of the virus should be recognised in connection to the proliferation of weapons in Iraq, the flow of weapons to militias, and the increasing use of firearms to commit femicides and crimes against women in domestic spheres. As one participant observed in relation to the growing availability of weapons: 'More weapon shops have opened in Kirkuk, claiming to sell hunting weapons'. Weapons have also proliferated to tribes and have been repeatedly used against marginalised groups and minorities.

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[4] Iraq camp closure 'could leave 100,000 displaced people homeless', *BBC News*, November 9, 2020, https://www.bbc.com/news/world-middle-east-54873830, last accessed on November 20, 2020.

The international community should therefore press the government to shift from a military response into the support of medical teams and specialised response groups to raise awareness about COVID-19 and its impact on women and girls. It should be noted that the use of the militarisation to respond to COVID-19 has had significant adverse mental and physical health consequences for women and girls as it has caused fear and panic and prevented them from being able to access hospitals or health centres. As one participant from Baghdad Governorate said: 'The deployment of the military has limited the movement of women, especially pregnant women, to the extent that they have refrained from visiting hospitals and the majority of births have taken place at home, increasing the risk to women'.

In addition, military authorities have hampered the work of civil networks and individuals who needed to deploy teams to the communities to undertake emergency and relief work (aid distribution and awareness raising), because of conflicting official statements and the last-minute changes to approval processes.

3.7. Recommendation 7:

Gendered impact of online learning and equal access to technology

The international community should support the two governments in Iraq to provide internet connection to remote areas free of charge, provide smart devices for students for free or at significantly reduced prices, ensure students' access to the internet, and give groups with special needs adequate tools to ensure access to technological resources. Both governments should develop distance learning frameworks in a manner that considers gender differences, conduct gender analysis studies before implementing them, and strengthen coordination with all the Civil Society Organisations (CSOs) active in the field.

The two governments in Iraq have switched to internet-based distance learning without an analytical study on: the readiness and status of infrastructure; the networks' availability and coverage;; the limitations of the security situation in conflict areas that continue to suffer from electromagnetic interference; the gender impact of COVID-19 on girls and women; and differences between girls and boys in their ability to access technology.

Participants indicated that women and girls in rural areas were more marginalised and had less access to technology, and because of difficult economic conditions, poverty and marginalisation, many families were unable to provide electronic devices for girls to complete their education, which led to their dropping out of school. In many areas, the existing gendered norms and the prevailing patriarchal norms limited girls' access to online education because girls were prevented from communicating by telephone with male teachers.

3.8. Recommendation 8:

Promoting gender-sensitive health responses

The international community should urge the two governments in Iraq to make significant investments in the health sector, while considering gender and regional differences and the different needs of all marginalised groups. The international community should also support local health organisations by supporting projects to deliver medical services to women and girls unable to access health services. Health responses should also be gender-sensitive.

The exposed structural failure of Iraq's health sector is accompanied by a historic failure of both governments to invest in it, with both circumstances posing multiple and complex health challenges that primarily impact women and girls. Cultural factors (gender norms, customs and traditions) have combined with factors of militarisation, corruption, fault-lines in the health and medical infrastructure, and administrative centralism, further compounding these challenges.

These challenges include:

- The prices of COVID-19 prevention supplies (masks, gloves, and sanitisers) have increased dramatically despite being of poor quality, limiting access for many families.
- Women and girls are denied access to hospitals by security services deployed to impose curfews.
- Women and girls have limited access to sexual and reproductive health and rights services because of a lack of medicines or medical staff, leading to home births which often result in poor reproductive healthcare and high mortality rates among women.
- Discrimination in the provision of protective gowns and tools between female and male staff in the health sector, putting the health and safety of female doctors and nurses at risk. Female doctors and nurses are also being bullied and excluded by their families for fear of transmission of COVID-19.
- Women and girls are not allowed out of the home by male family members to receive treatment in case of COVID-19 infection, causing high mortality rates among women and girls because of depletion in oxygen tanks made for home use.
- The stigma associated with COVID-19 infection has prevented many women and girls from declaring their infection, and male family members do not allow male doctors to examine their female family members due to custom and tradition.
- The medical teams that quarantine patients have no female members, which is the major reason why families do not report cases involving women and girls. Families also do not accept the fact that women and girls will be quarantined in a place outside of the home, during which time they will not be able to visit her.
- Priority for treatment is given to male family members because medicine and hospitalisation are not free and women and girls can only access health services with the consent of male family members.

- A lack of specialised health centres in many governorates, particularly in rural areas. As one participant from Dhi Qar Governorate stated: 'The nearest health centre is around seven kilometers away, which makes it difficult for urgent cases such as births and poisoning cases to reach it, and they die on the way'. In addition, people in some areas, such as Sinjar, have to go to surgical hospitals in other governorates or even travel to the neighbouring country of Syria. And with the closure and travel ban policies, all families in these areas were denied access to medical and health services.
- Poor access to healthcare centres and inclusive comprehensive services for women and girls with special needs. For example, individuals with visual impairment can only read COVID-19 information and instructions with the help of others, which causes women and girls with special needs to be isolated at home because their family cannot provide them with adequate support.
- The healthcare system in Iraq suffers from years of corruption and neglect. The rampant corruption has led to shortage in COVID-19 supplies and medication which led to increased incidence of infections, with hospitals becoming a main source of infection in some governorates, such as Najaf.

As a result, the participants agree that the responsibility for COVID-19 treatment and prevention in Iraq has been left to the people themselves. Therefore, the international community should urge the FGI and KRG to promote a decentralised response by investing in the health sector and providing mobile teams to provide preventive and therapeutic health support and guidance services to women and the most vulnerable families. The two governments also need to increase the availability of free or mobile health centres, some of which should only serve women and girls, particularly in rural areas, to ensure equal access to health services for women and men.

The international community should also urge the governments to support the health system in an integrated manner, provide appropriate health equipment and subsidised means of transportation to access health centres, and support the availability of free treatment for poor families.

4.Partners

Empower Women to Lead (ASUDA)

In 2000, ASUDA opened the first safe shelter for Kurdish women in the Kurdistan Region. ASUDA seeks to provide protection and multisectoral services to women exposed to, and survivors of, violence to ensure a safe environment free of all forms of violence where women enjoy all their rights, have equality before the law, and can access legal services and empowerment and awareness frameworks to defend their rights.

Iraqi Women Network (IWN)

The IWN is a non-governmental women's framework aimed at coordinating the efforts of women's NGOs and groups to establish democracy, the rule of law and human rights, and to work to eliminate violence and all forms of discrimination against women in a new Iraq. The IWN seeks to achieve social balance, emphasising women's role in decision-making positions and in the process of establishing the rules of democracy, justice, equality and peace in the Iraqi Constitution, as well as influencing legislation, public policies and social practices to combat all forms of discrimination against women.

Women's International League for Peace and Freedom (WILPF)

WILPF is an international non-governmental organisation with national sections on all continents, an international secretariat based in Geneva, and an office in New York dealing with the United Nations work. Since its founding in 1915, WILPF has brought together women from all over the world to unite and work for peace using non-violent means and for promoting political, economic and social justice for all.

Gender Action for Peace and Security (GAPS)

GAPS is the UK's Women, Peace and Security (WPS) civil society network. We are a membership organisation of NGOs in the fields of development, human rights, humanitarian assistance and peacebuilding. We were founded to promote WPS, including United Nations Security Council Resolution (UNSCR) 1325. GAPS promotes and holds the UK government to account on its international commitments to women and girls in conflict areas worldwide.

Funded by:

HM Government

Translation by Ali Barazi

Edited by Emily Dontsos and Mary Wessel

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WOMEN'S INTERNATIONAL LEAGUE FOR
PEACE & FREEDOM