



Impact of social protection policies responding to COVID-19 on gender equality in Iraq



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The report was prepared by Ms. Reem Falouh Al-Zaben (international consultant) and Ms. Awaterf Rasheed (national consultant). Khadija T. Moalla, the Senior Policy Advisor for UN Women Iraq Office and Nada Darwazeh, Chief of Gender Equality Section, ESCWA, provided substantive inputs throughout its development, under the general guidance of Dina Zorba, UN Women Representative in Iraq and Yemen, and Mehrinaz El Awady, Director of the Gender Justice, Population and Inclusive Development Cluster at ESCWA, with invaluable administrative support provided by Nameer Zawin.

KEY MESSAGES

Findings:

1

Measures have been implemented to provide social protection to women such as granting paid vacation and reducing working days to a minimum;

2

There is a good level of awareness of the increased burdens COVID-19 has imposed on women, but this has not translated into policies and measures to alleviate burdens or protect women from the pandemic or threats to their social welfare;

3

Women's participation in decision-making processes and policies pertaining to COVID-19 was nearly negligible at the highest level, and has improved a small amount, without exceeding 25 per cent, at lower levels;

4

The lack of disaggregated data poses a strong challenge to all stakeholders attempting to alleviate the impact of COVID-19 on the Iraqi population;

5

Impact on women seems to have been greater:

- Extra workload at home;
- Fear of infection;
- Psychological pressures, anxiety about a family member falling ill and an increase in cases of domestic violence;
- Protection measures that fall on women's shoulders;
- Dealing with the presence of children and husbands at home

KEY MESSAGES

Recommendations:

1

Introduce intersectionality into social protection measures (and all other gender-related policies) to serve all groups of women;

2

Develop a strategic plan to respond to crises and address the gender implications of this pandemic which means:

- Including women and women's organizations in developing response measures;
- Transforming unfair unpaid care work into a new inclusive care economy that works for all;
- Designing socio-economic plans with a deliberate focus on the lives and futures of women and girls; and
- Mainstreaming gender perspectives in this strategy.

3

Ensure the continuation of basic health services provided to women and girls, as well as nutritional services for infants, children, girls and women in camps for internally displaced persons (IDPs).

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INTRODUCTION

When COVID-19 started spreading all over the world, there were those who thought of it as “the great equalizer”: it could reach rich and poor alike, it could affect both the industrialized world and developing nations, and both men and women were prone to it.

However, this idea soon proved to be a myth, with disparities in power becoming more pronounced and the exacerbating inequities across the world starkly increasing (Ryan and El Ayadi, 2020; Lokot and Avakyan, 2020).

Several studies have shown that women have had to endure the brunt of COVID-19, much as they do whenever famine, war or natural disasters strike (McLaren and others, 2020). Unfortunately, the increasing vulnerability of women has not been acknowledged by most COVID-19 related policies. Whether female health workers or housewives, women have been at the frontline of dealing with the pandemic.

In a brief but highly impactful publication entitled “Gender Equality in the Wake of COVID-19”, UN WOMEN (2020a) highlights how much COVID-19 has hindered if not totally stymied women’s livelihoods and opportunities to access services.

The report surprises us with the finding of WHO that, even though only 37 per cent of confirmed cases of COVID-19 worldwide are segregated by sex and age, feminized sectors would likely be hit the hardest, showing how precarious women’s economic situation is.

Researching the impact of COVID-19 social protection responses on gender equality while the pandemic is still raging is not an easy task. Researching it in a fragile state such as Iraq increases the challenges severalfold. Although, according to the OECD (2008), there is no consensus on the definition of a fragile state, common features include “demographic pressures, massive movement of refugees and internally displaced peoples, legacy of vengeance-seeking group grievance, chronic and sustained human flight, well-being and quality of life...

uneven economic development affecting fractions of the population” (NSDS, nd) and “lack of capacity to perform key government functions” (OECD, 2008, p. 14).

The challenges of conducting research under such conditions cannot be understated, and the spread of the pandemic exacerbates the difficulties. Lockdown measures implemented by most countries to slow the spread of COVID-19 have led to deepening problems of economic stagnation, poverty and starvation. To counteract this, social protection programmes “especially cash-based programmes – have been promoted worldwide to mitigate the fall-out of lockdown measures, especially for those without the luxury of working from home or the ability to self-isolate” (Swinkels and Itcovits, 2020). The writers assert that the sudden increase in demand for social protection has exposed cracks in established systems, presenting many challenges such as identifying the people who need support and designing timely and safe delivery systems of assistance.

Before the onset of the pandemic, the social protection mechanisms that existed in Iraq can be summarized as follows (Alzobaidee, 2015):

[1- Permanent systems \(although a bill was proposed to merge the social insurance systems for the public and private sectors, currently there are two insurance systems\)](#)

- State Employees’ Pension System;
- The social security system for workers;
- Social welfare system (social safety net) with the mandate to raise the standards of living of the poor, create a system for receiving requests for assistance and monitoring cases for unemployment and helping job seekers to find other opportunities.

[2- Temporary schemes:](#)

- Ration card system;
- Poverty reduction scheme.

With the above backdrop, this research was

conducted with the overall aim of better understanding the impact of social protection policies in Iraq on gender equality as part of the COVID-19 responses, exploring the possible impacts of social protection measures on gender equality and drawing recommendations for policymakers on how to adapt these responses. The main issues that the research focused on include:

- Exploring and explaining using existing data the increased risks and vulnerabilities that women from different social cohorts have encountered during the COVID-19 crisis;
- Using existing analysis on political structures and states of emergency to review the restrictions and opportunities for women's participation in decision-making processes and policies pertaining to COVID-19;
- Analysing the relevance and gender responsiveness of welfare and protection policies announced during the COVID-19 crisis;
- Examining the potential differential gender impact of welfare and protection policies on women and men during the COVID-19 crisis;

- Exploring and highlighting the potential areas of increased vulnerability of women from diverse cohorts during COVID-19 and identifying potential gender-responsive and targeted solutions to reduce the risks;
- Reviewing and assessing the degree to which women have been able to access and benefit from social protection policies and services introduced during COVID-19;
- Assessing the communication modes and tools to announce social protection policies and programmes during COVID-19;
- Defining potential opportunities for women to enjoy their rights during the COVID-19 crisis and making concrete recommendations for policymakers. This report was commissioned simultaneously with a similar report on the impact of social protection policies responding to COVID-19 on gender equality in Yemen. The two reports are based on the same theoretical framework and have adopted the same research methodology. Hence, the first three chapters of the two reports are identical, except when the text necessitates a particular reference to either Iraq or Yemen.

I. SOCIAL PROTECTION, COVID-19 AND GENDER ISSUES

Prior to discussing the research, it is essential to review how COVID-19 has affected social protection systems and focus on lessons learned from previous gender assessments of social protection systems, especially those that took into consideration the life cycle. This will allow for an operational definition of social protection to be adopted and an analytical framework to be selected.

Social protection has been defined in different ways depending on the objectives of programmes and the various approaches in question. While the United Kingdom Department for International Development holds the view that **“Social protection encompasses—a sub-set of public actions, carried out by the state or privately, that address risk, vulnerability and chronic poverty”** (DFID, 2005 as cited in OECD, 2009, p. 19), the OECD states that:

Social protection refers to policies and actions which enhance the capacity of poor and vulnerable groups to escape from poverty, and better manage risks and shocks. It encompasses the instruments that tackle chronic and shock-induced poverty and vulnerability ... can help promote empowerment and security by improving risk management ... It supports human capital development, expanding the capabilities of poor and vulnerable individuals and helping to break the inter-generational transmission of poverty.

OECD (2009, p. 17)

OECD goes further to stress that the state should be the primary actor in delivering social protection, highlighting that this legitimises and strengthens the state. It also stresses the importance of maintaining a rights-based approach to social protection, focusing on empowerment and addressing social inequalities across the lifecycle (OECD 2009, pp. 24-25).

In addition to the objectives and approaches, the economic situation of the country/ies in question also plays a role. Another key difference between the

various definitions surveyed for this report is that some of them highlight the objectives of social protection whereas others focus on the key instruments used to achieve it. Therefore, for this report, an operational definition must be coined that reflects the situation of Iraq and the type of services offered. Although social protection is usually provided by the state, there are definitions that focus on “public actions”, so that “public” could refer to both governmental and non-governmental actors (O’Brien and others, 2018). Sabates-Wheeler and Kabeer (2005), both pioneers in introducing gender issues into social protection services, have noted that gender is rarely used in the **“various ramifications of the social protection agenda”**. Unfortunately, fifteen years later the situation has not improved much, with a rapid assessment of the gender sensitivity of initial COVID-19 social protection responses (as of 3 April 2020) showing that, out of 418 social protection initiatives, only about 11 per cent show some (but limited) gender sensitivity (Hidrobo and others, 2020).

This brief introduction is necessary in order to develop a suitable operational definition, which should take into consideration the vulnerable situation of the country under study before the advent of COVID-19, the COVID-19 crisis and all the policies put in place to address it and be flexible enough to allow for addressing gender inequalities by **“integrating traditional social protection instruments... with complementary interventions, such as awareness-raising about the social norms that underpin inequality, and by ensuring better linkages to other government services.”** (Newton, 2016, p. 3)

After reviewing various articles, we found that the definition proposed by O’Brien et al. (2018) is quite suitable since it is specifically coined to deal with shocks and the different demands that accompany the various stages of the life cycle and hence can be applied to Iraq, while at the same time it is gender responsive and includes the non-poor exposed to risks, which is quite suitable for the COVID-19 era. Their definition is as follows:

Social protection, ... is the set of public actions that deal with, both the absolute deprivation and vulnerabilities of the poorest, and also with the need of the non-poor for security in the face of shocks and the particular demands of different stages of the life cycle. This 'public' response may be governmental or non-governmental.

O'Brien and others (2018, p. 5)

Since Iraq has for some time now had international organizations operating to address challenging humanitarian crises, we agree with Harvey (2009, p. 184) that humanitarian aid is a subset of social protection rather than a separate category. Hence, the public actions alluded to in the above definition would include actions in the arena of social protection implemented by governmental, non-governmental, United Nations or international non-governmental

organizations (NGOs). Hence, the operational definition of social protection adopted for this report would be amended as such:

Social protection, ... is the set of public actions that deal with, both the absolute deprivation and vulnerabilities of the poorest, and also with the need of the non-poor for security in the face of shocks and the particular demands of different stages of the life cycle. This 'public' response may be governmental or non-governmental or United Nations or international NGOs.

The range of social protection instruments is very well detailed in Hebbbar and Phelps (2020, p. 5). For this report, we have borrowed from their outline the instruments that exist in Iraq. They are listed in the following table:

Non-contributory social protection	Cash transfers	<ul style="list-style-type: none"> •Poverty-targeted cash transfers; •Conditional cash transfers; •Social pensions (disability).
	In-kind transfers	<ul style="list-style-type: none"> •School food programmes; •Food distribution programmes.
	Public works	<ul style="list-style-type: none"> •Cash for work.
	Fee waivers	<ul style="list-style-type: none"> •Health insurance; •Electricity subsidy; •Agricultural input subsidies.
Social insurance	Contributory pensions	<ul style="list-style-type: none"> •Old age; •Disability; •Survivor benefits.
	Other social insurance	<ul style="list-style-type: none"> •Paid sick leave; •Occupational injury; •Maternity leave

Very few women in Iraq contribute to a social insurance scheme. The Iraqi labour market is characterized by one of the lowest female labour force participation rates: according to ILO, only 13 per cent of Iraqi women aged 16-54 are employed (World Bank, 2020a). Many of them are likely to be discouraged from economic participation by social and legal barriers, a lack of relevant infrastructure and services, high unemployment rates among women and the gender pay gap (World Bank, 2020a). Furthermore, based on ILO analysis of the 2012 Household Socio-Economic Survey, 49 per cent of employed women were employed informally (ILO, 2018). These

women and women living in households of informally employed breadwinners are vulnerable to the Coronavirus crisis: their workplaces are threatened by the lockdown measures implemented by the government and the following economic slowdown. Informal workers were among the most affected since they are not covered by social insurance and prior to the crisis they were not poor enough to qualify for social assistance.

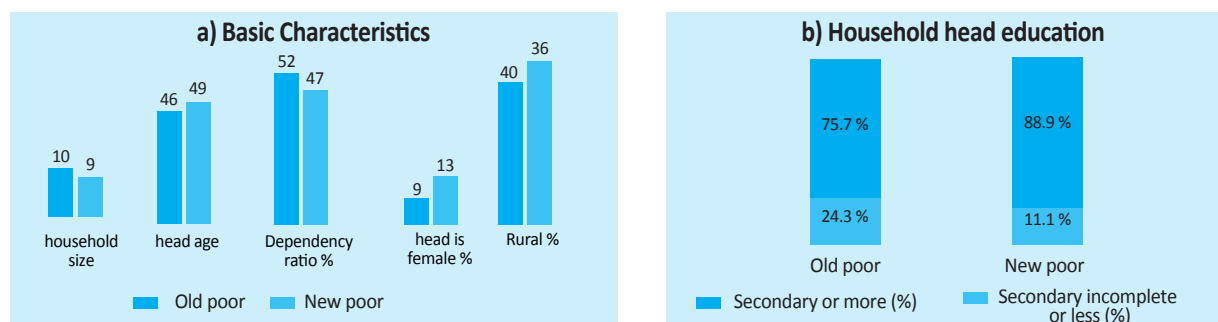
A rapid assessment of the impact of COVID-19 on households and enterprises in Iraq carried out by ILO in June 2020 revealed that younger workers and

those in informal employment are particularly prone to the employment and income impacts of Coronavirus.

The assessment found that “women and young workers were already facing immense challenges to access the labour market prior to the COVID-19 pandemic.

The current crisis has worsened their situation as they now face further barriers in accessing and retaining decent jobs”. According to Tewodros and others (2020), the majority of respondents indicated they lacked social security coverage (95 per cent) or health insurance coverage (97 per cent).

FIGUER 35: Characteristics “new-poor” under moderate-low baseline “full-curfew) scenario



The non-contributory social protection landscape in Iraq is dominated by universal energy subsidies, ration cards for subsidized food products to around 90 per cent of Iraqi households and the Iraq Social Safety Net cash transfer programme.

Until recently, cash transfers under the Iraqi Social Safety Net were categorically targeted at specific socio-demographic groups, including (among others) widows and divorcees. The benefit amount was linked to the number of household members, and female-headed households received higher benefits (Machado and others, 2018). In 2014 and 2015, 51 and 59 per cent of beneficiary households of the Iraq Social Safety Net were female-headed (ESCWA, 2020). In 2014, a new social protection law indicated a shift in the targeting approach from categorical to poverty-targeting: i.e. providing cash transfers only to households living below the poverty line. Following this conceptual change, a new targeting formula was developed and beneficiaries were re-evaluated. As a result, the proportion of female-headed beneficiary household of the Iraq Social Safety Net dropped to 39 per cent in 2018, since some widows and divorcees, that were eligible for cash transfers before, have lost their entitlement under the new targeting system (ibid). At the same time, after the reform the amount of cash transfers has more than doubled and varied between 100,000 and 225,000 Iraqi dinars per month (this is between 29–64 per cent of the minimum wage) subject to household size and whether it is headed by a man or a woman,

e.g. a woman-headed household of three got 33 per cent higher benefit than a man-headed household of the same size (ibid).

Furthermore, as a part of its social assistance system Iraq plans to implement a cash-for-work programme with a gender-sensitive design: the work activities will include the types of jobs usually performed by women, work locations will be placed close to homes of female-participants and will include childcare facilities (ibid).

To a large extent, Iraq used the pre-existing social assistance network to deliver COVID-19 response: food baskets worth 15 USD each were provided to 708,360 poor households registered in the database of the Social Safety Net programme (Ministry of Labour and Social Affairs, 2020). This programme was complemented by a temporary programme Minha aimed at supporting additional vulnerable population groups affected by the lockdown and curfew measures. The programme covered Iraqi citizens registered in the ration card system, who are not government employees and/or not receiving state pensions, social insurance pensions or any other type of income from the state. Eligible households were encouraged to apply online between 11 and 16 April and around 2.8 million applications were received (FAO, World Bank Group and WFP, 2020).

The issue of gender-based violence (GBV) is raised

frequently in chapter four, which presents the results of the interviews conducted for this report, and chapter five, which presents some recommendations. Although GBV is not considered part of social protection, and as will be explained later, it was incorporated because of its pervasiveness in Iraq during the lockdown.

The onset of COVID-19 with such force and speed paralysed different systems all over the world, amongst them social protection systems. Providing support in emergencies relies on either having resilient systems that can adapt their processes to ensure uninterrupted delivery of their services; or they have to be flexible enough to devise new types of responses (Hebbbar and Phelps, 2020).

Even prior to the onset of COVID-19, it had been established that:

- “Crises can intensify existing gender inequalities... women and girls are often disproportionately affected by shocks;
- “Despite the increased investment in shock-sensitive social protection in recent years, most programmes have been gender-blind, with little attention given to the specific needs of women and girls across the life cycle in the context of crises;
- “Overlooking gender and inclusion issues risks exacerbating poverty, vulnerability and gender inequality; and misses opportunities for empowerment and transformative change.”
(Holmes, 2019, p. 1).

It has been rightly pointed out that amidst such a crisis, “gender considerations are likely to be overlooked in an urgent effort to save lives and provide critical economic support” (Hidrobo and others, 2020, p. 1). Almost all papers published on gender and COVID-19 reiterate the same issues. Suggestions for ensuring gender equality during the pandemic have included the areas of health, education, economic conditions and agency (World Bank, 2020). Alternatively, Hidrobo and others (2020) focus more on adapting existing schemes of social protection, targeting, delivery mechanisms and complementary programming.

The MENA region has had its share of the ramifica-

tions of COVID-19, only to exacerbate the problems that have been faced by several states in the region, where man-made and natural crises have affected two thirds of it (WHO, 2020). Poverty, the forced displacement of millions of people and weakening service delivery systems have all been noted in those areas. The economic recession linked to the pandemic is likely to have long-term impacts. Hence WHO recommends measures targeting economic responses, social protection and basic services, social cohesion and community resilience.

OECD (2020a) goes further in describing the situation of the region under COVID-19 by adding the region-specific restrictive social norms and legal frameworks that increase the challenges faced by women in the MENA region.

After this brief on social protection, gender and COVID-19 we now turn to a discussion of how we reached the analytical framework for this report. Although there are several social protection conceptual frameworks that have been developed over the last twenty years, none of them seemed to fit with the needs of this study. Ideally, any social protection framework that fits this study should:

- Consider the impact of a high-risk disease or natural disaster;
- Deal with social protection in fragile states;
- Not necessitate having data from households or individuals;
- Include a strong focus on gender issues;
- Preferably include gender issues throughout the life cycle.

It was hard to find all of these factors together in any single conceptual framework, despite coming across some excellent frameworks in our literature review. For example, Harvey (2009) looks at social protection in fragile states, but the framework does not look at gender differences. Newton (2016) looks at risks across the life cycle, but her framework, strongly influenced by Devereux and Sabates-Wheeler (2004), stresses the importance of looking at “transformative” elements in dealing with social vulnerability which, given that Iraq is doubly burdened with being a fragile State and facing COVID-19, would be rather preposterous. It would have been ideal to use this framework, and we refer to it in certain instances, but it could not be the framework on which the full study

relies since half of it cannot be adhered to.

Holmes and Jones (2010a), who also adopted Devereux and Sabates-Wheeler's transformative social protection conceptual framework, explain that, in addition to being protective (providing relief), preventive (averting deprivation) and/or promotive (enhancing incomes and capabilities), social protection interventions may be transformative by aiming ***“to address concerns of social equity and exclusion which often underpin people's experiences of chronic poverty and vulnerability”***.

(Holmes and Jones, 2010b, p. 4)

However, we do recognize that even when dealing with only protective and preventive measures (the first two measures before reaching promotive and transformative measures), power relations between men and women need to be addressed to become more balanced (Devereux and Wheeler, 2004).

We also tried to use the recently published UNICEF (2020) gender-responsive age-sensitive social protection framework, but it did not meet the five criteria mentioned above, although it is quite a comprehensive framework.

Since we could not find a framework that fits our criteria, we developed our own analytical framework which considers the fact that Iraq is a fragile state by highlighting the fragility as encircling the whole environment of the study. As if fragility by itself were not enough to hinder transformative policies, the impact of the COVID-19 pandemic upon the country is also on the outside periphery, engulfing the research. However, the arrow that comes out of COVID-19 also shows that it led to lockdown measures including school and workplace closures, cancellation of public events, restricted mobility, confinement and social distancing, among many others.

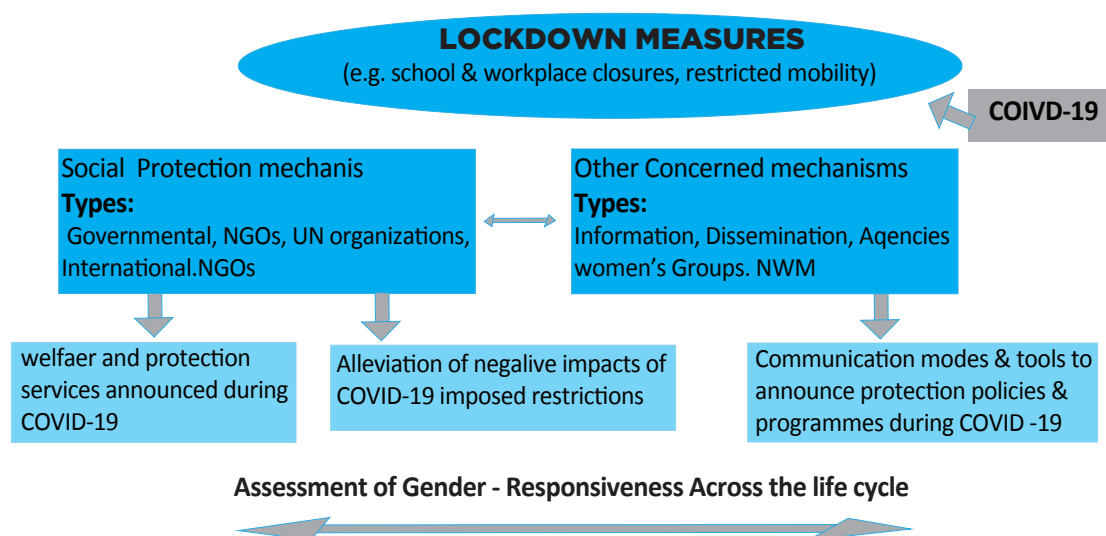
Bearing in mind those two major impediments, we move on to look at how social protection delivery mechanisms and other relevant mechanisms reacted to the impact of COVID-19 and the lockdown in terms of delivering welfare and protection services and alleviating negative effects of the restrictions due to COVID-19, in addition to the communications modes and tools that were used to announce the protection policies and programmes during COVID-19.

These three issues will be looked at in terms of their gender responsiveness and, whenever possible, looking at the differing impacts across the life cycle.

Impact of COVID -19 SP Responses on Gender Equality in Iraq

ANALYTIC FRAMEWORK

FRAGILESTATE:



II. METHODOLOGY

This study uses a qualitative methodology incorporating the following components: a literature review, a gender assessment of social protection services provided since the onset of COVID-19 in Iraq and interviews with government and non-government representatives. The research was conducted by a national researcher and an international researcher.

A. GENDER ANALYSIS AND ASSESSMENTS GENDER-SENSITIVE VULNERABILITY ASSESSMENTS WERE CONDUCTED TO COVER THE FOLLOWING ISSUES:

- The gender responsiveness of welfare and protection policies announced during the COVID-19 crisis;
- The potential differentiated gender impact of welfare and protection policies on women and men during the COVID-19 crisis;
- The potential areas of increased vulnerability of women, from diverse cohorts, during COVID-19.

To assess the communication modes and tools used to announce social protection policies and programs during COVID-19, a gender analysis was conducted of them. The communication modes and tools were analysed for gender sensitivity not only in terms of their content but also in terms of the means of delivery, to ensure that women received the messages as well as men.

The fragile situation in Iraq has exacerbated the absence of women in decision-making processes. The advent of the COVID-19 emergency and its impact on women's inclusion in decision-making positions has not yet been assessed. Hence this report will attempt to review the restrictions and opportunities for women's participation in decision-making processes and policies pertaining to COVID-19.

The gender-sensitive vulnerability assessments conducted on existing data reveal the increased risks and vulnerabilities that women, from different social cohorts, have encountered during the COVID-19

crisis. This, in combination with all the above tasks, allowed the international and national researchers to:

- a) Identify potential gender responsive and targeted solutions to reduce the risks and impacts of COVID-19;
- b) Define potential opportunities for women to enjoy their social protection rights during the COVID-19 crisis;
- c) Make concrete recommendations that UN WOMEN can submit to policymakers in Iraq.

B. INTERVIEWS

The aim of the interviews with government officials and stakeholders is to better understand gender aspects of the social protection measures implemented due to the COVID-19 emergency. The interviews also addressed the actual benefits, perceptions and attitudes towards gender equity during emergencies. The interviews were in-depth and semi-structured. The research team developed different sets of questions that included some common questions for all organizations but otherwise focused on the type of work that the organizations were mandated with: i) government officials including representatives of national women's machineries (NWMs), ii) staff of United Nations agencies and international NGOs operating in Iraq and iii) representatives of civil society.

C. RESEARCH PARTICIPANTS

The research participants were selected in order to represent the major three types of institutions outlined above.

The ten officials who were interviewed were from the government agencies responsible for social protection policies and services, focusing on the Federal Government of Iraq and the Regional Government of Kurdistan, including: the Ministry of Health, the Ministry of Labour and Social Affairs, the Women's Empowerment Directorate, the Ministry of Interior

Affairs including the Societal Police and Domestic Violence Police, the Ministry of Agriculture, the Ministry of Immigration and Displacement; in addition to representatives of national women's machineries (NWMs) in Iraq: the Women's Empowerment Directorate/the General Secretariat of the Council of Ministers, the Advisor to the Prime Minister for Women's Affairs and the President of the Women's Council in Kurdistan.

Four United Nations agencies that cooperate and coordinate with the Iraqi Government to support social protection programmes, namely: the World Health Organization (WHO), the World Food Programme (WFP), the United Nations Population Fund (UNFPA) and the United Nations Children's Fund (UNICEF). The two international NGOs were Oxfam and Save the Children.

Finally, representatives of eleven local NGOs that have contributed to the response during the COVID-19 pandemic; two of which are faith-based organizations. Some of these NGOs operate outside of Baghdad.

Other organizations of all the types mentioned above were contacted for interviews but declined.

D. DATA ANALYSIS

The data collected from the literature review and the interviews was coded and broadly categorized into the major issues that this report addresses and assessed for their gender impact, namely: the gender responsiveness of measures introduced during COVID-19; the potential differentiated gender impact; communication modes and tools; and restrictions and opportunities for women's participation in decision-making processes and policies pertaining to COVID-19.

E. ETHICAL CONSIDERATIONS

The national researcher ensured that the purpose of the research was fully explained to the participants

before conducting the interviews. Participants were also assured that the data gathered from interviews would only be used for the purposes of research and only the research team and UN Women would have access to the raw data. All other ethical considerations required for such interviews were upheld.

The names of governmental institutions, United Nations organizations and international NGOs are mentioned in this report without mentioning the names of their representatives who were interviewed. The names of civil society organizations and their representatives who were interviewed are not mentioned in order to protect them from any possible backlash.

F. VALIDATION

The results of this report have undergone a two-tier peer validation method with the initial drafts reviewed by the international/regional consultant first and then by the UN WOMEN and ESCWA.

G. LIMITATIONS

Due to the pandemic and the security situation in Iraq, there were some difficulties in obtaining data due to:

- Security concerns: Most government staff are located in the Green Zone, which has been experiencing political and security instability for over a year, with restrictions on movement;
- Accessibility to all governorates due to the potential health risks, time limits and transportation;
- The data collected were either general, inclusive of both men and women or focused on women as a group. Hence, gender responsiveness across the life cycle was not assessed as comprehensively as we would have liked.

III. GENDER ISSUES IN SOCIAL PROTECTION MECHANISMS AND MEASURES TO COUNTER THE IMPACTS OF COVID-19

Apart from its health impacts, the COVID-19 pandemic has led to severe economic, social and psychological crises all over the world. Such impacts are certainly felt more severely among poor and vulnerable households and groups, including women, children, the elderly, the chronically ill, refugees and internally displaced persons (IDPs). Based on data from interviews with Iraqi government officials, civil society representatives and international organizations (both UN organizations and international NGOs), as well as a quick gender assessment of a small sample of information, education and communication (IEC) materials published to address the pandemic, this chapter looks into how Iraq addressed gender issues in its policies and measures specially implemented in response to the pandemic.

After reviewing the special measures, we review the criteria for assistance developed by these organizations and the existence of gender disaggregated data. This is followed by a review of any complaint mechanisms that were put into place and any monitoring and follow-up procedures to ensure that aid went to people who deserved it. To end the chapter, the communication modes and tools used during the pandemic are reviewed and assessed for their gender sensitivity.

A. SOCIAL PROTECTION MECHANISMS

This section reviews the social protection measures due to COVID-19 implemented in Iraq by the government, civil society and international organizations. It attempts to find any special gender sensitive decisions made by those stakeholders.

In terms of employment, women employed in the public sector had to go to work one day a week, taking into account the conditions of safety, security and physical distancing, while the rest of the week they worked from home, receiving their full salaries. Leave

with full pay was given to pregnant women and people with immune deficiency, thalassemia and cancer. Women employed in the private sector worked from home all days of the week, but also received their full wages. In instances where working women were supposed to have external duties, their organizations stopped assigning them to such tasks so as not to expose them to the pandemic. However, not everything was as gender sensitive as those policies, as we turn now to look at specific social protection measures.

1. Aid and gender

Given the fragility of Iraq, it is important to identify what type of aid people received, how employers (public and private sector) treated working mothers since they had to stay home with their children and whether there were any gender-sensitive measures targeting the most vulnerable. Social protection mechanisms, in particular cash transfers, are of primary importance in enabling people to manage the negative impacts of crises (Hebbart and Phelps, 2020). Government respondents did not mention any special cash transfer mechanism implemented in response to the pandemic.

However, they said that while working mothers in the formal sector received full pay, other employees — men or single women — had to fill in the gaps created by their absence. Respondents mostly could not say whether there are any guarantees that women's employment will not be jeopardized and they will be able to return to work when the pandemic is over. But measures to safeguard women's social protection were apparently put in place, such as granting leave and reducing working days to a minimum. ***“Reducing working hours and assigning women to duties that do not pose a risk, in addition to material, psychological and preventive support”***, as one respondent explained. Iraq has witnessed several wars since the beginning of the 1980s, and so, even without a pandemic as extreme as COVID-19, psychological

issues would still be central. However, it has been reported that the availability of psychosocial treatment and psychosocial health care is minimal, with an excessive reliance on prescribing drugs (Oxfam, 2020).

One faith-based organization built eight hospitals for treating Corona patients in five governorates in record time. They also built an oxygen plant in Nasiriyah, with a team to distribute oxygen bottles to those quarantined at home. This organization's ambulances also transferred COVID-19 cases to hospitals.

Some NGOs opted to work in the relief arena, distributing aid (medical, health, cleaning products, masks and gloves) and printing posters and flyers showing how to prevent the spread of COVID-19. Others opted for awareness-raising about the pandemic, in most instances conducting online sessions to educate the public about the pandemic. Still others provided medical consultations for COVID-19 patients.

Civil society entities took various actions to mitigate the impact of the pandemic. It is still too early to judge what succeeded and what did not, but it is worthwhile to present an overview of these initiatives. Stuck between the challenges of a fragile State and confronting a deadly disease, most of these organizations focused their work on protective and preventative programmes as will be noted in this review.

Food aid came at the top of the list of initiatives undertaken. Multiple organizations distribute thousands of food baskets each, spread all over the governorates of Iraq. For some organizations, this was not a one-off event, but rather a commitment that lasted up to five months. Along with food, some organizations also distributed health supplies such as masks, gloves and sanitizers.

Some civil society organizations provided in-kind or cash aid during the pandemic. Although some of those organizations were run by women and targeted women in their services, they all said that the money was given to the "family head", who would then make sure that the whole family benefited. One organization qualified its answer by saying their "focus was on women-headed households," and only one women's rights organization stated that the mother within the family is the first beneficiary. One organization focusing on GBV had its psychologists and lawyers continue to provide support to survivors of GBV over

the phone. One faith-based organization provided hundreds of thousands of baskets of food, medicines and supplies which were distributed all over Iraq.

The international organizations had varying answers as to who receives assistance depending on their mandate. For example, whereas UNFPA provided aid mostly to mothers, WFP provided unconditional assistance to the heads of households which was meant to benefit the whole family. They also had cash for work programmes in urban areas.

The mechanisms through which aid is provided also vary. Oxfam uses online communications to inform communities about available services and also use transfers or "hawala". WFP gives out cash assistance through electronic vouchers, money transfers, mobile money transfers and pre-paid electronic cards. Again, such mechanisms usually target heads of household.

However, the programmes and initiatives undertaken by those international organizations do tend to address gender. Oxfam conducted an "extensive process" of qualitative and quantitative data collection covering Diyala, Sulaymaniyah and Kirkuk governorates to inform their programmes during the pandemic. It also intends to conduct a similar analysis of three other governorates to be better informed about the gendered effects of the pandemic. During the early days of the outbreak, WHO faced a problem with the quarantine of female patients, and they had "a significant role" in raising awareness and spreading information that women needed access to health services. UNFPA focused on female genital mutilation, child marriage and the negative consequences of GBV including domestic violence to create awareness among the community.

OECD (2020a) did point out that in the MENA region women are often excluded from social protection schemes, thus exposing them to greater risks. Our findings confirm this, since obviously household heads, mostly males, were the main recipient of social welfare, with very few exceptions. Between the unstoppable pandemic and the increasingly difficult economic circumstances with no improvement in sight, cash and in-kind assistance might dwindle, which may lead to a large increase in gender-based economic abuse, a type of GBV that was not mentioned by any of the participants in this report, but which should be seriously considered as a possible future danger and which should be the

subject of new strategies to address it.

2. Criteria for assistance

Government organizations had different ways of setting the criteria for the most affected groups which would benefit from the assistance provided during the pandemic. The Ministry of Health used the WHO definition of the most vulnerable groups, namely, children under five years of age, pregnant women, breastfeeding women, the elderly and people with immunodeficiency. The Ministry of Interior relied on the classifications of community police, noting that the most affected families were those supported by daily wage-earners who had lost their livelihoods due to the pandemic, but the respondent did not explain what kind of support or service the Ministry offered. In setting its criteria for the most affected groups to receive cash assistance, the Ministry of Labour and Social Affairs singled out pregnant women, those aged 50 years and over and those afflicted with blood pressure and diabetes.

Civil society organizations had their own criteria for targeting recipients. One NGO based its criteria on an online survey that they had conducted. The criteria include marital status, whether a woman had lost her job due to the outbreak, disabilities within the family, chronic conditions and any psychological effects the pandemic had had on the woman. Another NGO specialized in women's issues defined the neediest groups as women who provide for their families, displaced women, returnees, the most vulnerable women, women in camps, widows, divorced women and the unemployed.

Another NGO focused its criteria for assistance on those who were economically most affected such as shopkeepers, street vendors, construction workers, taxi drivers and everyone who lost their job or stopped work due to the pandemic. One NGO focused its work on women who had lost their day labour jobs, highlighting that more than 30 per cent of such jobs were occupied by women and employers laid them off during the pandemic.

International organizations are clear in their initiatives since they had already set targeting criteria. For example, Oxfam reported that they use an intersectional approach to gender, recognizing that vulnerabilities overlap and thus create scenarios of added risks: "As such, and as a minimum practice, the

intersections of Age, Gender and Disability (AGD approach) are considered in the targeting process". UNFPA put more focus on providing protection services to adolescent girls and GBV cases. WFP reported that they have several criteria for vulnerabilities but did not elaborate further.

The criteria used by civil society consider the multiple overlapping economic vulnerabilities of women, who generally receive lower pay, have less savings and occupy less stable jobs. Obviously, the pandemic has deepened pre-existing inequalities and revealed vulnerabilities in social and economic systems that in turn increase the effects of the pandemic, from health to the economy to social protection. The COVID-19 pandemic is exacerbating negative impacts on women and girls, validating the conclusions of a rapid gender assessment conducted in Iraq earlier this year (Aydin, 2020).

3. Disaggregated data

To examine the potential differentiated gender impact of welfare and protection policies on women and men during the COVID-19 crisis, it was important to gather all available gender disaggregated data. Several committees and taskforces were formed to respond to the pandemic. At the central level of the Supreme Health Committee, there was only one woman out of 18 members, or 5 per cent only.

In the Ministry of Health, the percentage was the same, 5 per cent; but in other line ministries and in the governorates the proportion of women was higher. In the Ministry of Labour and Social Affairs, it reached 25 per cent in the Department of Relations and Information and 35 per cent at the Ministry of Interior. In some governorates, the average was 20 per cent.

When it came to beneficiaries of services, the public sector did not have any such data since most responses were that they handle beneficiaries as families, not as individuals.

The international organizations all reported that their data was always disaggregated. WHO stated that **"if there is a community response, such as the pandemic which needs urgent and quick response, our response is addressed to the public; it is mass response"**.

Probably the most detailed statistics were those of one international organization, Oxfam, which gave us

the following breakdown of its outreach till mid-September 2020:

People reached	Women		Men		Girl		Boys		Total
	18-59	16 +	18-59	16 +	5	5-17	5	5-17	
Without disability	56.1815	8490	57141	8163	17415	40634	15963	37248	241869
With disability	1757	263	1767	252	539	1257	494	1152	7481
									249350

The general lack of disaggregated data poses a strong challenge to all stakeholders attempting to alleviate the impact of COVID-19 on the Iraqi population, be they governmental, civil society or international actors. According to the World Bank, a “lack of sex-disaggregated data has resulted in an incomplete picture of women’s and men’s lives—and the gaps that persist between them”. (World Bank, 2016). Such data is crucial to point out key challenges and opportunities and meet the Sustainable Development Goals (SDGs) and the Agenda 2030.

While the World Bank admits that nearly four out of five countries in the world regularly produce sex-disaggregated statistics on mortality, labour force participation, education and training, it stresses the need for data on areas such as informal employment, entrepreneurship, unpaid work and violence against women, which less than one third of the world’s countries have in a disaggregated form, Iraq not being one of them.

Kilroy’s (2020) rueful comment that “Without GDD [Gender-disaggregated data], women and girls are effectively invisible” is completely applicable to the situation at hand. Without it, policymakers would hardly be convinced to introduce new policies.

4. Complaint Mechanisms, Monitoring and Follow-up

To review and assess the level of benefit and access women had to social protection policies and services introduced during COVID-19, one area was ensuring that there were satisfactory complaint mechanisms put in practice by all organizations. Simply stated, a “complaint mechanism (CM) is a

formalized mechanism to give victims and witnesses of misconduct by an organization a chance to report cases, and for organizations to deal with these complaints in a structured manner. Complaints are an expression of dissatisfaction or discontent about misconduct” (CCBA, 2017, p. 3). Of course, a key priority when including gender issues is to ensure that the complaint mechanism can deal with gender-related discrimination and other issues such as harassment or abuse. Although the question in the interviews about complaint mechanisms specifically reflected this definition, some respondents’ responses included the mechanisms used to report GBV or other discriminatory practices that did not emanate from the organization itself. Such responses have also been reported in this study since they shed light on specific services targeting women.

In the public sector, the Ministry of Labour and Social Affairs reported that it received many cases which usually are dealt with through field monitoring teams, who report directly to the minister’s office. The Community Police Directorate also received thousands of complaints, some of them (no exact number) from women who were economically and socially affected by the lockdown; most of those were resolved in cooperation with civil society organizations and donors, according to the respondent.

The international organizations, both NGOs and United Nations entities, had put into effect, prior to the pandemic, certain complaint, monitoring and follow-up mechanisms that proved useful with the onset of COVID-19 as discussed below.

Oxfam reported having functional complaints and beneficiary feedback mechanisms in all its offices.

This provides multiple tools and techniques to ensure that ethnic groups, women, girls and those traditionally excluded are able to voice their concerns and provide feedback on Oxfam's programmes through different communication channels. These include helplines, help boxes, community action groups, community health promoters, local partners and Oxfam staff. Additionally, Oxfam has a toll-free hotline number to register feedback and complaints. Complaint boxes are placed visibly around project sites to allow beneficiaries to submit complaints in writing, and Oxfam staff are trained on how to receive complaints and feedback in person during activities. UNFPA uses the Gender-Based Violence Information Management System (GBVIMS) and operates a hotline and call centre. WHO cooperates with UNOPS in a joint mechanism for complaints which is mainly for IDPs.

Along with complaint mechanisms, it was also important to identify how the interviewed organizations monitored their work to verify that the most vulnerable groups, including women, benefited from the services provided. The public sector did not have specific means to do so apart from hotlines and social media. Obviously, with the heavy burdens of meeting the challenges of the pandemic, these organizations could not establish strong monitoring and follow-up systems to oversee that services and assistance were delivered properly and to the right beneficiaries.

Civil society organizations had more elaborate mechanisms to receive complaints. Those that used to receive women in person had to establish hotlines during the pandemic. One NGO specifically handling GBV cases provided social, psychological and legal support for survivors of gender-based and domestic violence. However, during the lockdown they could not provide such services. Survivors of violence could contact them through designated phone numbers. The shelters that they operated remained open during the lockdown with limited staff.

Most of the other civil society entities operated hot lines or received calls from people who wanted to file complaints, while few of them mentioned using social media to receive complaints. One faith-based organization had a special unit tasked with mediating and solving family and tribal problems.

As for civil society, one of the NGO representatives

reported having participated in overseeing the distribution of aid given by an international organization. Another woman NGO representative stated that, at the request of the workers, she supervised the distribution of salaries to female workers who work for a daily wage in one of the municipalities. The women had complained that there is discrimination in terms of working hours between them and the male workers and she was able to reach an agreement on their behalf with their manager.

B. MITIGATION OF THE IMPACTS OF COVID-19

This section looks at the increased negative impacts suffered by women, from different cohorts, during the COVID-19 crisis and identifies potential gender-responsive and targeted solutions to mitigate these impacts.

1. Restrictions and increased vulnerabilities

In terms of challenges faced during the pandemic, government organizations reported that the work of organizations directly facing citizens was delayed due to wide-ranging lockdown measures and part-time work. Other institutions were not so much affected since they relied on remote work, meetings and deliberations through systems such as Zoom. The staff of the Ministry of Health were highly affected, since many medical and health staff were infected with the Coronavirus; they had weak financial support to provide all the required services and of course the lack of awareness of the citizens made things worse. However, there was no mention of the proportion of women and men health workers who had been affected, though it has been established that since women are at the forefront of health care, COVID-19 infections among female health workers in some countries are twice that of their male counterparts (UN WOMEN, 2020b).

All over the world, the phenomenon of pandemic denial was witnessed. Pierre (2020) explains this as a result of fear-based risk assessments, misinformation and conspiracy theories. In the governorates, public servants complained that in the beginning, they encountered a lack of belief in the existence of COVID-19, and hence a refusal to abide by any restrictions imposed by the government. They also mentioned the shortage of protective equipment,

high prices, mismanagement of the crisis and sometimes politicization of it.

Exploitative pricing in the time of COVID-19 (OECD, 2020b) has been noted in many countries. It has affected civil society organizations, which complained that due to the high cost of sanitizers and other required materials, infections among employees, poor internet service that did not allow for productive remote work, the cost of transportation and delivery to districts and sub-districts, the difficulty of moving in some areas due to the comprehensive curfew and the failure to exempt civil society organizations from the curfew (similar to the exemptions covering health and media personnel), most projects had to be stopped. Some mentioned the psychological pressures and fear of infection, having to distribute aid without violating the prevention measures and while maintaining social distancing. Those who transferred their work online admitted that this method was “not as powerful and effective as the face-to-face sessions”. Two responses stand out among the repetitive challenges summarized above. One brought to mind the fact that COVID-19 is not as it was touted to be, the great equalizer. The warnings echoed often in the literature about the impact of COVID-19 on women (UN WOMEN, 2020b, OECD, 2020c, CARE, 2020) were summarized in one brief statement by an NGO: Inequality has made us all the more vulnerable in the face of the crisis!

The other one was a very moving response that did not mention anything about the NGO itself, rather expressed worry about the beneficiaries since they were all GBV survivors and the NGO was limited to providing psychological and social support over the phone. This same NGO was deeply concerned about the dangers many girls and women faced during the COVID-19 lockdown, not only fear of domestic violence but also fear that “all of the perpetrators were stuck at home with a lot of free time and thus began harassing women and girls (most of them ex-girlfriends) via the internet and the phone”.

Although some of the restrictions and increased vulnerabilities mentioned above may not have been imposed only on women, the impact on women seems to have been greater, ranging from extra workloads at home and fear of infection to psychological pressures and threats of violence, confirming all the issues that were brought up in the literature on the gender impact of COVID-19 (CARE, 2020, Cerami

and others, 2020, UN WOMEN, 2020c).

2. Initiatives to mitigate the gendered consequences of the pandemic

This section presents women’s participation in decision-making processes and policies pertaining to COVID-19 and attempts to identify potential gender-responsive and targeted solutions to mitigate the negative impacts.

According to the data at the beginning of the section on gender-disaggregated data, very few women participated in special bodies established to develop policies to fight COVID-19, and so there was no possibility of having a critical mass of women who could show that the interests of women are different than that of men. Accordingly, policies were developed to fit both genders (UN Division for the Advancement of Women, 2005). Women’s participation in decision-making processes and policies pertaining to COVID-19 was nearly negligible at the highest level, and was only slightly better (not exceeding 25 per cent) at lower levels.

Without any specific gender-responsive policies apart from those outlined regarding women employees, both public institutions and civil society entities were left on their own to coin whatever measures they thought would be best.

In addition to awareness programmes, a few participants mentioned that their organizations provided psychological support and free legal advice to women battered during the pandemic. One NGO provided psychological and social support through its centres and online. Also, it trained women in professions such as hairdressing, food production and sewing at workshops producing masks. At the same time, it is also implementing cash-for-work programs.

To alleviate the social effects of the pandemic, an NGO developed two courses, one on how to invest time during the pandemic, and the second about preventive measures to limit the spread of the disease.

One NGO with specific interest in GBV launched a social media campaign, consisting of 10 images and two short videos, that addressed two key issues: How to report sexual violence during COVID-19 and how to protect oneself from infection. Commenting on the

campaign, the NGO said: ***“Women were subjected to beatings and humiliation, and the cases of divorce and abandonment increased during this period”.***

All civil society entities reported that the pandemic had increased the burdens on women and that women were anxious about having a family member fall ill, especially elderly members of their families. Several reported an increase in domestic violence cases: ***“Even families who did not have any problems or domestic violence incidents prior to COVID-19 started experiencing problems during the crisis”.***

The pressure on women increased during the lockdown as they had to cook three meals a day and deal with the presence of children and husband in the house. This required housewives’ constant attention, leaving them no personal time. Protection measures all fell on women’s shoulders, with additional washing, cleaning, etc. Psychological fatigue was also reported by the NGOs, similar to what Bhatia (2020) and OECD (2020b) warned about.

Ryan and El Ayadi (2020) discuss the economic impacts of COVID-19 on women and their health and well-being. They focus more on the poor and how women are more likely to hold precarious or vulnerable jobs where they are easily laid off. In addition to women facing violence, girls may also be exposed to violence and are at increased risk of being kept away from school after the pandemic if they become involved in income-generating activities or caretaking.

Of course, the economic impacts in this study were quite significant as well, following the patterns highlighted by Ryan and El Ayadi. Housewives suffered greatly from the repercussions of the pandemic, especially in marginalized families whose sources of income were from daily work that were affected by mobility restrictions, as reported by our NGO respondents. The worst affected were rural women, breadwinners, widows and divorced women, who were already in quite fragile economic situations. During the pandemic, some families even had to send out their children to work for five dollars a day!

Some international organizations targeted their services to meet basic health needs (pregnant women’s health, reproductive health, elderly care, motherhood and childhood). During the pandemic,

Oxfam assisted in upgrading WASH facilities in health centres and isolation wards treating COVID-19 patients. It also provided personal protective equipment for staff in each of the health facilities. Approximately 30 per cent of the women were targeted directly or indirectly for all the interventions.

C. COMMUNICATION MODES AND TOOLS

In raising awareness and spreading information on the pandemic, government organizations relied on websites, field visits, satellite channels and radio. The Ministry of Interior produced short educational films which were broadcast through various media outlets, used its own radio station to transmit government decisions and anything related to the pandemic and published in two print magazines and on social media. The Ministry of Health had specific messages targeted at women, including educational materials on COVID-19 and how to prevent infection; messages on keeping children safe; advice on proper ways for a woman with COVID-19 to breastfeed infants and young children; and advice on avoiding gender-based violence, including violence against women, during the Coronavirus pandemic.

The modes most often used were radio, television, websites, social media (mostly Facebook and WhatsApp), field meetings and text messages.

Civil society organizations also played a role in spreading awareness messages about the pandemic. They used online media, radio and brochures. Some used the publications of the Ministry of Health and WHO. The substance of the messages included correct preventive measures through social distancing, wearing a mask, eating healthy food to increase immunity and spending time with family learning, studying and playing sports. Psychological support messages were also posted online for women, children, the elderly and people with disabilities.

In addition to using social media, one NGO specializing in GBV reported that it communicated with victims of domestic violence through word of mouth, given that the area where it operates is small so they had to maintain the privacy of the women they interact with.

Some international organizations had specific aware-

ness-raising messages and activities targeting particularly vulnerable groups. WHO wanted to ensure that the elderly had access to health services and so it developed specific messages targeting them.

UNFPA conducted awareness sessions in IDP and refugee camps on COVID-19 prevention, psychological support during lockdown and healthy habits while in confinement. UNFPA partners also distributed leaflets and booklets as well as face masks in camp settings for vulnerable women and girls. Oxfam used the key findings of its study “Gender Analysis of the COVID-19 Pandemic in Iraq” to influence awareness-raising activities, ensuring materials and information address vulnerable groups (taking into consideration gender, age, disability, etc.). It also developed gender and protection-specific information, education and communication materials to be used in its awareness-raising activities.

To get a better sense of how gender-sensitive the communication materials used during the pandemic are, we looked at brochures and posters issued by various organizations. A poster published by a national NGO explains what COVID-19 is, how it is transmitted, its symptoms and how to protect from it. Most of the drawings are of a generic face that is not identifiably male or female. However, the poster does not include any advice for pregnant women, for example, or older women.

A poster published by the Ministry of Health focuses on the most vulnerable to complications from the novel Coronavirus. The drawings in the poster are varied, with both men and women wearing masks. Another poster published by the Ministry of Health on symptoms and prevention of the Coronavirus has explanatory drawings, all of them of a boy. A leaflet on the registration of recovered cases has a picture of

a woman, either a nurse or a doctor, indicating some gender sensitivity in this publication.

This chapter has presented the most important patterns and themes that emerged out of the interviews conducted with governmental, non-governmental and international actors in Iraq. In general, there was a good level of awareness about the increased burdens that COVID-19 has put on women, yet in most cases the awareness was not translated into policies and measures to alleviate the burdens or protect women from the pandemic or from falling into poverty, losing jobs or other threats to their social welfare.

Additionally, the increase in GBV cases along with the lockdown measures, which was mentioned by several participants, has not been met with a stricter application of the law or, at least, any awareness-raising programmes. Obviously, this issue should be taken much more seriously by both policymakers and civil society and measures to address the situation must be implemented.

As everywhere else in the Arab world, the family is still considered the main social unit, and this fact may serve to cover several layers of inequality and marginalization that women face within such units. The common belief that the male household head will take good care of all its members does not allow any different ways of thinking about social protection and how to ensure it covers female members of the family.

In general, gender norms, domestic pressures and COVID-19 have acted in concert to ensure that Iraqi women do not fully or equitably benefit from social protection measures undertaken to address the pandemic.

IV. TOWARDS TRANSFORMATIVE SOCIAL PROTECTION

Social protection interventions may be transformative aiming “to address concerns of social equity and exclusion which often underpin people’s experiences of chronic poverty and vulnerability”.

Holmes and Jones
(2010b, p. 4)

The suggestions put forward by the participants interviewed in this study were quite succinct and relevant to any future policies in regard to facing pandemics or other such crises. Additionally, a few more issues that emerged from the interviews are highlighted in this chapter. Some of the recommendations are put forward to all stakeholders: government, civil society and international organizations, whereas others are consigned to specific types of organizations.

A. Recommendations to all stakeholders

Introducing intersectionality into social protection measures (and all other gender-related policies) “improves upon a singular level of gender analysis, and allows us to understand the complex, multiple and overlapping power differentials that shape experiences” (Ryan and El Ayadi, 2020). This means that younger girls, adolescent girls, school drop-outs, employed women, unemployed woman, pregnant women, mothers and elderly women among other groups of women should be taken into consideration in any future planning.

Develop a plan to reduce the gender gap and mitigate its severe impacts during the outbreak of the pandemic and the negative impacts on women and girls, considering the repercussions of health conditions on the economic situation. This requires focusing on containing the rising unemployment rates among women, especially in the informal sector, and the increasing burdens of health care work, in addition to the large increase in domestic violence during quarantine.

Form permanent official committees (in governmental institutions and civil society organizations) to

conduct a comprehensive survey that is updated annually. This survey could serve as a database of women breadwinners to support during natural disasters and wars.

Develop a strategic plan to confront and respond to crises. Each response plan for the COVID-19 pandemic should include a package of measures and needed budgets to be allocated. The plan must address the gender implications of this pandemic which means:

- Include women and women's organizations in developing the response measures to the COVID-19 pandemic and other crises;
- Transform unfair unpaid care work into a new inclusive care economy that works for all;
- Design socio-economic plans with a deliberate focus on the lives and futures of women and girls and mainstream gender perspectives in this strategy.

Support the continuity of social services targeting children, women and girls exposed to violence, exploitation, neglect and family separation. Support and strengthen the health care system to respond to the epidemic from a gender perspective by providing policy advice and by purchasing the required equipment and supplies.

Focus on containing unemployment rates among women, especially in the private sector.

Coordinate with competent and effective institutions, such as civil society organizations and community police, because they have databases of those in need of social protection.

Ensure the continuation of basic health services provided to women and girls, as well as nutritional services for infants, children, girls and women in IDP camps.

B. Recommendations to governmental institutions

Secure financial commitments in the general budget

and prioritize allocations dedicated to social protection.

Launch an awareness campaign through the media and social media platforms to remind the public of the importance of enacting the Anti-Domestic Violence Law and the penalties for perpetrators of domestic violence. Reminding people that there is a penalty for breaking the law will reduce the incidence of domestic violence.

Start collecting gender-disaggregated data in all relevant government institutions. The lack of such data is not only an obstacle in presenting findings for this study but also for any future gender-sensitive legislations and policies that need to be put in place.

Since the increase in gender-based violence was mentioned often enough by many respondents, we recommend that any programmes in this regard should start focusing on economic abuse, or economic violence, as with rising unemployment and cost of living this type of violence may become even more pervasive.

Thoroughly revise government policies to ensure that families' livelihoods are not affected by the pandemic in the future. This includes: governmental monitoring and control of prices of food and medical supplies,

flow of food from suppliers to the market, compensation for workers that lose their jobs, especially single mothers, widows and divorced women.

Include women's local NGOs and UN agencies in the crisis cells for responding to the pandemic and any other emergencies, whether man-made or environmental.

Allocate a special budget for emergencies to help in assisting those who are most affected by the pandemic and other crises in the future.

C. Recommendations to civil society organizations

Ensure the continued implementation of services related to the health and reproductive rights of women and girls during the Coronavirus crisis and distribute hygiene and sanitary protection kits for vulnerable and marginalized women.

Encourage home-based work, especially for women who have lost a breadwinner, widows and divorced women with underage children.

Provide transitional justice programmes for women victims to deal with the negative effects resulting from violence targeting women, as well as reparations and compensation. Establish programmes for the reintegration of women into society.

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