

## **Covid-19 related update**

### **The NAP project, Engendering the Transition to Peace and Security in Iraq**



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#### **General Context**

The Iraqi Ministry of Health has reported 630 total Covid-19 cases in Iraq, with 46 deaths as of 30 March 2020. A nationwide curfew is in place until April 11<sup>th</sup>. Some provincial authorities have imposed stricter rules than others. Limiting and even prohibiting movement outside and between provinces definitely causes obstacles for civic society organizations to continue their work. The Kurdish authorities seem to be distributing aid to citizens.

According to sources involved in the recent protests, most demonstrators have returned home due to the imposed curfew because of Covid-19. Only a strong core group is still protesting.

Corona is gendered worldwide, and particularly in conflict-affected areas. Not everybody has equal access to treatment in Iraq, social norms are restricting some women gaining the care they need, and domestic and sexual violence is sharply rising due to the lockdown measures.

Religious authorities, especially Shia ones, are making claims that the virus is not real, or that people can be cured by doing visitation of Imams. At the moment mass gatherings and marches of gigantic numbers of people are taking place to commemorate Imam Khadhim in Baghdad. People joining these gatherings are ignoring any health care advice on the spread of Covid-19. In the coming two months, more of these gatherings are expected due to different upcoming Shia ceremonies. In Erbil, on other hand, all Christian celebrations are being conducted online, including the upcoming Easter masses.

As appears to be the trend in many contexts, young people are taking the measures less seriously than others; with multiple reports of groups of young boys still hanging out on the streets.

#### **Economic impact**

Like in Europe and elsewhere, the economic impact from (the lockdown related to) Covid-19 is enormous in Iraq. Many people do not have proper employment and are dependent on daily income jobs (e.g. in construction, transport, trade). An Iraq citizen in an interview on TV said: "If Corona does not kill us, hunger will do". The Covid-19 crisis is still in the beginning stages in Iraq, in comparison to Europe. The longer the crisis lingers, also internationally, the worse the effects will be. The deep economic crisis of the neighboring Iran is of negative effect as well, as is the lockdown situation since March 1<sup>st</sup> in Turkey, an important economic partner for Iraq (esp. for food items – prices rose significantly after).

Apart from the Covid-19 related economic impact, Iraq suffers from the recent global decline in oil prices. As 90% or more of the national budget of Iraq depends on oil revenues, this will highly likely affect the pay of civil servant salaries.

#### **Health impact**

There are probably many more cases of Covid-19 infections than those publicly confirmed. Also, because of fake news, many people don't take the virus seriously. The Iraqi health care is not the

worst, but also not the best and most likely not prepared for large influx of very ill people in need of intensive care.

Hospitals and public medical facilities also lack in their hygiene standards, coupled with outdated equipment. These are the main reasons why the wealthier citizens visit private clinics and those with lesser resources resort to visiting private medical shops for treatment. Many of these shops are administering broad-spectrum antibiotic injections claiming to be able to cure most infections, despite the shop owners being not medically licensed to write prescriptions or offer medical treatments.

### **Gendered impact**

An extremely worrying trend is the sharp rise in forms of domestic and sexual violence. Iraqi Al-Amal Association (IAA) contact in Kirkuk has said the rates are rising quickly as people are forced to remain inside their houses. Women are most at risk of violence from their intimate partner in Iraq, thus being forced to stay with them inside their house will inevitably lead to rises in cases. Lack of response to (S)GBV, specifically domestic violence, from police and the security sector is very worrying. We don't have statistics about this as it is difficult to collect, but is an issue we intend to monitor as closely as we can. Furthermore, there have been reports in the south of Iraq of women being unable to access necessary healthcare and quarantine measures in hospitals due to strict conservative social norms not allowing women to be alone in public spaces. This not only puts these women at risk but also facilitates the spreading of the virus. In Iraq, many carers and health workers, formal and informal, are female so again this puts women at great risk.