

COVID-19

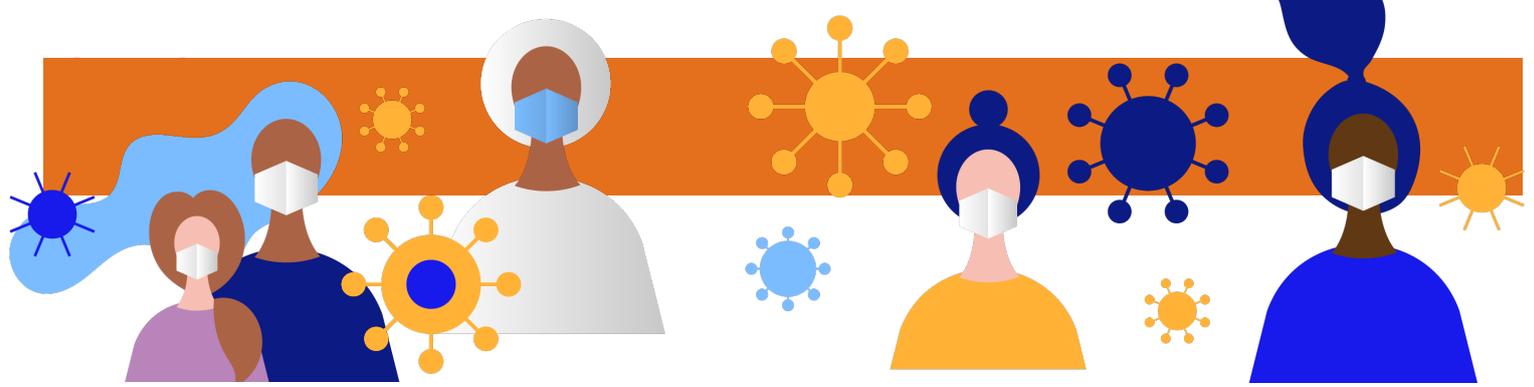
One More Setback for Refugees in MENA – Especially Women and Girls

Refugees and the displaced, the majority of them located in the Middle East and North Africa (MENA) region, are now faced with the COVID-19 pandemic and economically damaging efforts at its mitigation. Fragile gains in women's workforce participation are at risk, gender-based violence is on the rise, and women's voices are going unheeded. CARE's soon-to-be-released Rapid Gender Analysis gathers together data from its country offices in MENA and beyond¹ to provide a sobering picture of the pandemic's impact on women and girls.

Rapid Gender Analysis – Middle East North Africa (MENA)

The COVID-19 pandemic and efforts at mitigating the virus' spread in recent months have heightened the insecurity, psychosocial distress, economic vulnerability, gender inequality, and deprivation that already existed in countries in the Middle East and beyond. While men appear to have worse outcomes when infected with the coronavirus, women and girls are being deeply impacted– and fragile gains in women's workforce participation are in jeopardy.

¹ CARE offices in Syria, Jordan, Palestine West Bank/Gaza, Turkey, Egypt, Lebanon, Morocco, and the Caucasus all contributed to our forthcoming Regional Rapid Gender Analysis on COVID-19.



While female labor force participation rates have been comparatively low and resistant to change in MENA countries, modest increases in Jordan, Palestine West Bank/Gaza, Egypt, and Syria² are endangered by mitigation measures that require the entire family to stay home, where schooling, caretaking, and housekeeping continue to fall mainly upon women and girls. There are indications that domestic violence is on the rise. Women entrepreneurs face greater barriers to financing, technical support, and technology that can help them weather the harsh economic shutdowns adopted by their governments. And women's voices have not been adequately integrated into the official COVID-19 response, leaving their needs unaddressed.

The MENA region hosts the largest population of refugees globally, with fighting and displacement underway even now.³ Refugees and internally displaced persons from wars in Syria, Yemen, Iraq, Libya, Palestine and nearby Afghanistan are dispersed throughout the region, some on the move and others living in camps and urban areas in host countries, with tenuous access to water, hygiene, health, housing and other services critical in a pandemic.

As of June 16, 639,136 COVID-19 cases have been reported by the World Health Organization (WHO) in MENA,⁴ though testing and reporting in conflict-affected areas is limited by fractured health infrastructures and the inability for health workers to access areas in conflict. The actual scale of the health crisis is hard to accurately quantify.

Most host countries are low- or middle-income, with overextended economic resources. Many refugees in the region were already in economically precarious situations. While strict mitigation measures initially implemented in many MENA countries curtailed the spread of the virus, reopening economies and vulnerable populations' dire need to leave their homes to find work and earn an income portend surges of infections.

Refugees are especially impacted as they live in densely populated areas, are less likely to have secure employment, and face housing

“One lesson we have learnt from the response around the world is that it is crucial for women to assume positions of leadership in health ministries, along with local and national governments. Women understand the challenges and issues facing them best of all and should be meaningfully engaged in decision-making. Just as importantly, key services for women to prevent and address domestic violence and to ensure their sexual and reproductive health rights are met, should be expanded, given high levels of need.”

– Nirvana Shawky, CARE Regional Director for the Middle East and North Africa

insecurity and threats of eviction if unable to pay their rent. Refugees also have less access to water and sanitation in these often-arid host countries – increasing the time needed for household chores.⁵ Female-headed households – more prevalent among refugees – are at greater risk, as gender barriers and discrimination limit economic opportunities.⁶ Women are disproportionately engaged in informal labor that has been severely curtailed by the crisis.

INCREASED GENDER-BASED VIOLENCE

The pandemic has negatively impacted mental health, economic stability, movement outside the home, and divisions of labor in the home – all of which are increasing indications of domestic and intimate partner violence (predominantly emotional and physical violence). At the same time, access to gender-based violence (GBV) response services has been disrupted. Confinement at home can mean confinement with an abuser, without private access to a phone to seek help.⁷ These problems are particularly acute in refugee populations where access to GBV services is already limited. In Palestine, one help hotline run by a woman's

2 MENA's female labor force participation rate has actually declined since 2016, from 20.584% to 20.163%. But in Jordan it has risen slightly but steadily since 2013, from 14.86% to 14.386% (2019), in Syria from 15.115% in 2009 to 15.464% in 2019, Palestine from 19.453% in 2016 to 19.984% in 2019 and Egypt in 2017 at 23.495% to 23.611% in 2019. See World Bank.

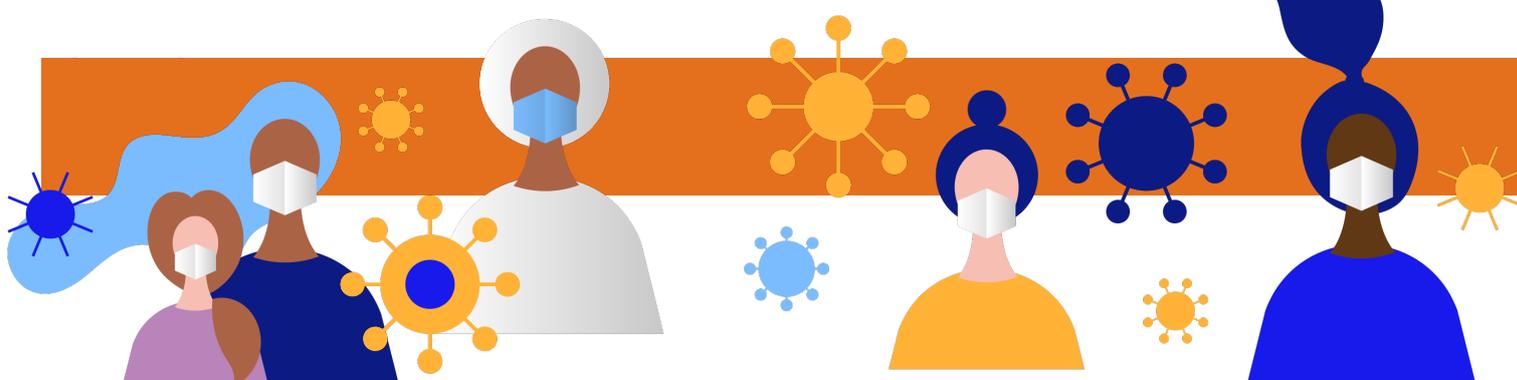
3 World Economic Forum, [“These countries are home to the highest proportion of refugees in the world.”](#) March 2019.

4 See [WHO website](#). Definitions of MENA vary but here we have included: Algeria (11,031), Bahrain (19,031), Egypt (46,289), Iran (189,876), Iraq (21,315), Israel (19,121), Jordan (979), Kuwait (36,958), Lebanon (1,464), Libya (467), Morocco (8,921), Oman (25,269), Qatar (80,876), Saudi Arabia (132,048), Syria (177), Tunisia (1,110), United Arab Emirates (42,636), Palestine (690), and Yemen (848).

5 Brookings, [“As COVID-19 worsens precarity for refugees, Turkey and the EU must work together.”](#)

6 UNHCR, [“Refugees across Arab world feel economic pain of coronavirus”](#)

7 15% of respondents in Lebanon said they did not feel safe seeking help over the phone, and 2% said their partner would not let them use the phone. CARE et al, [“Impact of COVID-19 on the SGBV Situation in Lebanon.”](#)



Lina (name changed) and her family are among those displaced by bombings to northwest Syria. Lina dreams of having a large kitchen equipped with all the kits to help her mother during their displacement. Credit: IHSAN/CARE

organization saw a 20% increase in calls about abuse, most from adolescent boys and young men. When the hotline expanded its hours, calls from women shot up by 38%, indicating limitations to access or privacy.⁸ In Lebanon, 54% of those surveyed, most of them refugees, reported an increase in violence and harassment against women and girls, and 44% felt less safe themselves at home.⁹ In Jordan, two out of three urban refugees and one out of two camp residents are concerned for the safety of women and girls since the onset of the COVID-19 crisis.¹⁰ In Azraq Camp, both male and female refugees shared concerns over community conflict, especially at water points.

⁸ CARE Palestine West Bank/Gaza Rapid Gender Assessment: Early Gender Impacts of the COVID-19 Pandemic, April 202

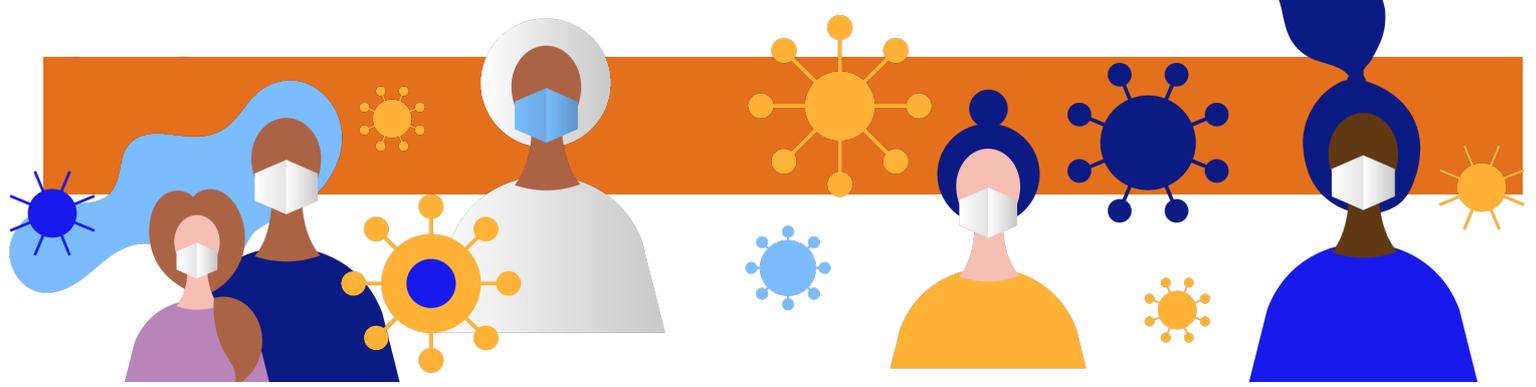
⁹ CARE, et al, "Impact of COVID-19 on the SGBV Situation in Lebanon"

¹⁰ Jordan Rapid Gender Analysis (Upcoming).

Many governments in the region have not sufficiently prioritized women's health and protection in their emergency response strategies,¹¹ meaning that few safe spaces are available for those experiencing abuse during the pandemic. Non-governmental organizations and women's rights organizations are stepping in to fill this gap but do not have enough resources or support to meet the need. While some adolescent girls in Jordan reported using virtual GBV and sexual and reproductive health (SRH) services, the majority of women and girls note that services are much more difficult to access when movement is restricted, and say they do not know how to access them.¹² In areas of open conflict, like Yemen,

¹¹ See for example, "[Domestic Violence and Arab Women's false choices during COVID-19](#)"

¹² Daring to ask, listen, and act: a snapshot of the impacts of COVID-19 on women and girls' rights and sexual and reproductive health; Rapid Needs Assessment; Plan International April/May 2020



As part of CARE’s response to COVID-19 in Lebanon and to prevent further spread of the virus, CARE staff fill vans with food parcels and hygiene items. Credit: CARE/ Paul Assaker



women are expected to avoid health centers and safe spaces due to increased numbers of security personnel. Additional child and early marriages are already being reported in the country – a negative coping mechanism during increased economic hardship.¹³

WIDE-SCALE ECONOMIC DEPRIVATION

Prior to the COVID-19 crisis, many refugees in MENA were already food insecure, stigmatized, and exploited in both formal and informal labor markets; refugees in Lebanon – which is now experiencing a financial collapse – report being more afraid of starvation than contracting COVID-19.¹⁴ Psychosocial distress due to conflict and displacement are exacerbated by economic fragility, and refugee-hosting governments struggle to meet the needs of both host populations and refugee communities.¹⁵ Many women are impacted because they rely on informal labor and because traditional gender roles mean that they shoulder caregiving roles for children no longer in school and for elderly or sick family members. These new conditions are in addition to the barriers to female economic participation that already existed: the MENA region has the lowest female labor force participation rate in the world.

Across the region, refugees – especially refugee women – said they had lost income or could not keep working during strict social distancing conditions. In Palestine, 94% of women business owners (compared with 70% of their male counterparts) reported facing business challenges after the outbreak and mitigation measures. One in three female entrepreneurs had no access to the internet, a barrier no males reported, and 89% had to use business funds to stopgap family finances, as compared with half of men.¹⁶ In Iraq, 70% of those negatively impacted by the COVID-19 crisis cited loss of livelihoods as the main consequence,¹⁷ while in Turkey, 69% of refugees reported loss of employment due to the pandemic.¹⁸

In conflict and displacement settings like Syria, gender roles were shaken, resulting in women playing a more equitable role in productive labor. Now, however, these gains in increasing women’s presence in the labor market are at risk. Additionally, the loss of educational opportunities for girls during the pandemic is likely to further exacerbate the “MENA paradox,”¹⁹ where women and girls are underrepresented in the labor market despite educational attainment. Women in the region are expected to lose over 700,000 jobs as a result of COVID-19.²⁰

13 UKAid, “[Understanding the drivers of VAWG in the Yemeni Conflict, and the barriers to and opportunities for preventing and responding to it.](#)” May 2020

14 DW, “[Syrian refugees in Lebanon more scared of starvation than COVID-19](#)”

15 *Financial Times*, “[Middle East’s refugees are vulnerable to an explosion of coronavirus cases](#)”

16 CARE Palestine WBG RGA

17 UNOPS Iraq Information Center Facebook Opinion Poll, April 2020

18 Brookings Institute

19 Wilson Center, “[Ready to Lead: Understanding Women’s Public Leadership In The Middle East And North Africa](#)”

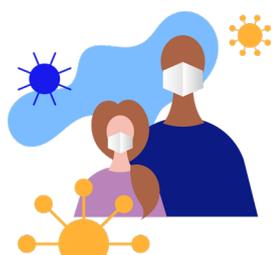
20 UNWomen, “[The Impact of COVID-19 on Gender Equality in the Arab Region](#)”

WOMEN'S ABSENCE IN THE COVID-19 RESPONSE

COVID-19 has brought to light major gender gaps in public leadership in MENA, where currently, the overwhelming majority of ministers of health are men and most response committees to address the pandemic are male-dominated.²¹ Women's voices are more prevalent in civil society, but these organizations do not make policy. This gap has real impact: for example, Gaza's quarantine centers did not have a single female medical or security staff member despite that nearly half of those in quarantine were women.²² Jordan's Sadaqa, which advocates for women workers, had to lobby the government to open childcare centers at the same time that workplaces were allowed to begin functioning – the original plan was to leave children at home, presumably with their mothers. Still, nurseries and child care centers opened several weeks later.²³ And in Lebanon and Jordan, significant numbers of women and adolescents – mainly refugees – reported that they had no access to menstrual supplies.²⁴

Some efforts have been made by authorities in the region to improve women's role in the COVID-19 response. In Jordan, more female officers are being deployed by the Civil Defense Force to enable a gender-sensitive emergency response, and UNWomen is working with the government to ensure gender integration into multisectoral pandemic response management.²⁵

At local levels, women-led civil society and women's rights organizations continue to play a prominent role in service provision, information dissemination, and advocacy, including in Palestine where networks of women's organizations are leading efforts to increase women's meaningful participation in decision-making on the COVID-19 response.²⁶ While such efforts can be capitalized on to meet community needs in a gender-responsive way, they have not translated into a central decision-making role. Nor is funding finding its way to these organizations: less than 0.1% of COVID-19 funding is going directly to national or local actors.²⁷ The resulting lack of resources and focus directly impact women and girls.



21 Wilson Center, [“Women Leaders Needed at the High Table during COVID-19 and Beyond”](#).

22 Palestine WBG RGA

23 See [“Letter to the Prime Minister”](#) from Sadaqa Women's Organization June 6, 2020 (Arabic)

24 See [“Girls and Women Unable to Access Hygiene Products in Lebanon as Protests Rage”](#) and CARE Jordan RGA (Upcoming).

25 UNWomen, [“Women in the security sector at the frontline of the COVID-19 response,”](#) April 2020

26 Covid-19 Response and Recovery: Women Rights Organizations in Palestine and Israel; Kvinna till Kvinna; April 2020

27 CARE, [“Where are the Women?: The Conspicuous Absence of Women in COVID-19 Response Teams and Plans, and Why We Need Them”](#)

RECOMMENDATIONS FOR NATIONAL AUTHORITIES AND HUMANITARIAN ACTORS

- ➔ Ensure women are meaningfully involved and engaged in leadership and decision making bodies governing the COVID-19 response and recovery at global, regional, national, and community levels. Funding and other support should also be provided to women's rights organizations and women-led civil society groups to continue service provision for vulnerable communities.
- ➔ Services designed to prevent and address domestic violence as well as psychosocial issues of anxiety and latent stress, should be sustained and expanded to account for increased need, and modified to accommodate the new reality of shutting down and social distancing, and to ensure that services remain accessible to the people who need them.
- ➔ Ensure continuity of sexual and reproductive health services despite the need for harsh stay-at-home and social distancing measures. Remote, “pop-up” or other innovative ways of providing these critical health needs must be prioritized as essential services.

RECOMMENDATIONS FOR CIVIL SOCIETY

- ➔ Adapt programs designed to enhance women's economic opportunities and independence to allow for more home-based business opportunities, increase availability and access to needed technology and remote services, and incentivize the establishment of businesses that contribute to hygiene promotion and the protection of refugees and displaced populations from the virus.
- ➔ Increase women's resilience through adapted and scaled-up support to Village Savings and Loans Associations and self-help groups, and use these groups as entry points to integrate recovery programming across a range of sectors, with a gender lens.
- ➔ Engage men and boys in dialogue to change social norms and strengthen engagement in caregiving roles, encouraging a more equitable division of caregiving and homemaker tasks, thereby enabling more equitable opportunities for women to engage in productive labor.