

# REFUGEES AND MIGRANTS AMID THE GLOBAL PANDEMIC

## Gendered Vulnerabilities in the Middle East

### Webinar report by Nazand Begikhani

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On May 14 2020, Sciences Po's Gender Studies Programme PRESAGE, in collaboration with the Centre for International Research CERI, held a webinar to discuss the impact of political responses to COVID-19 on vulnerable and forcibly displaced people in war-torn countries in the Middle East.

The webinar brought together three experts representing local and international organisations working in conflict zones with refugee and displaced communities: Mr Salah Barznji, Iraq country director of the Heartland Alliance International, Ms Robin Fleming, researcher from the Rojava Information Centre in Syria and Professor Jan Ilhan Kizilhan, dean of the Psychology Department at the University of Duhok, also Director of the Institute for Transcultural Health Science, Cooperative State University Baden-Württemberg.

The webinar was chaired by Dr Nazand Begikhani, Vincent Wright Chair and Visiting Professor at Sciences Po, moderated by Hélène Thiollet, CNRS Researcher at CERI-Sciences Po and Michelle Reddy, Visiting Postdoctoral Researcher at CERI-Sciences Po.

At the start of the webinar, Dr Begikhani presented an introduction highlighting the aims of the webinar focusing on gendered experiences of Coronavirus lockdown by refugee and displaced women and girls in camps and out-of-camp settings in the Middle East.

This report regroups the introductory remarks, summaries of the papers presented and conclusions of the webinar.

We were hoping to bring together officials representing local government and international Agencies to address the issue from an official perspective. But due to the challenging situation in the Middle East, this was not possible.

## **Introduction by Nazand Begikhani:**

Thank you very much for sparing the time to join us today. Today's webinar discusses the impact of political responses to COVID-19 on vulnerable people in war-torn countries and on those who have been forcibly displaced in the Middle East living in densely populated camps and in extreme poverty.

We seek to explore gendered experiences of the Coronavirus lockdown by refugee and displaced women and girls in camps where people live with scarce resources, without any protection systems or health facilities, while packed together in small sized tents.

If - during the COVID-19 lockdown - even in well-developed countries with established social and healthcare facilities, women have been subjected to multiple forms of hardship, of discrimination, of domestic and gender-based violence, how can refugee and displaced women in camps with no infrastructure, with no support system, with little or no healthcare facilities or clean water, hope to survive the COVID pandemic?

The process of displacement, whether it is forced, war-driven or because of economic factors, is a traumatising experience in itself and disrupts gender roles and relations exacerbating gender-related violence.

What COVID preparedness can be put in place in refugee and IDP camps? What measures have been taken to avoid an outbreak and to protect the most vulnerable groups? What are the emotional and psychological consequences of the lockdown on surviving women and girls already deeply traumatised by forced displacement and sexual violence at the hands of ISIS? These are the questions our webinar seeks to explore.

As we all know, conflict, civil war and sectarian violence in the Middle East have driven millions of people from their homes. According to the UN Refugee Agency, in the last 9-years of war in Syria, an estimated 7 million people have been internally displaced, and millions of others crossed borders and live in surrounding countries, including Turkey, Lebanon, Jordan and the Kurdistan Region of Iraq (KRI).

In the Kurdish autonomous region of Rojava, international aid has been disrupted, leaving the population at the mercy of Assad's regime to the South, and Turkish authorities to the North, because any aid, including World Health Organisation resources, has to travel through Damascus or Ankara and has to be approved by them. The region has also experienced military confrontation following the US withdrawal and the Turkish occupation last October, including ongoing shelling by Turkish forces

as well as attacks by the offshoot al-Qaida Hayat Tahrir al-Sham and ISIS groups. An estimated 4m people, including a large number of displaced persons in the camps, live in precarious conditions, particularly after Turkey recently cut the water supply.

In Iraq, in the last ten years, following sectarian violence and during the ISIS conflict, around 6 million people have been internally displaced. Many of them are still in IDP and refugee camps facing delays of a safe return because of the COVID-19 lockdown.

More than two million Palestinians have been displaced and have moved to surrounding counties, including Lebanon and Jordan.

Four million have been driven from their homes in Yemen, not to mention the situation in Libya, South Sudan and other war-torn countries.

Most of these forcibly displaced populations have been put in overcrowded refugee and IDP camps, receiving basic aid facilities through international agencies, local governments, charity groups and non-governmental organisations. With COVID lockdown and restriction of movement, refugee protection and support systems have been suspended, leaving them in a critical situation. We know little about their lives behind barbed wire and inside overcrowded tents, we have no official data about the number of deaths. We know nothing about the condition of the most vulnerable groups among them, especially women and girls, who may become hidden casualties of the outbreak, in what the UN Secretary General called 'the weakest corners of the world'.

One final point of concern is the goal of trying to prevent COVID reaching IDP & refugee camps. Looking at the World distribution of COVID, it is clear that - until now - Middle East countries have been relatively spared the high levels of infection compared to wealthy industrialised countries, where widespread tourism & commercial activities have led to rapid international transmission.

Because of conditions in the camps, it might take just one single individual, unaware of their COVID infection status, for the entire camp to become infected.

## **First presentation by Mr Salah Barzinjy**

### **Gender Implications on COVID-19 outbreak in refugee and displacement settings in Iraq**

As a COVID-19 response plan for IDPs and refugees living in camps, UNHCR and NGO partners suspended all non-essential and non-life saving activities in the camps due to the government imposition of a curfew and lockdown to mitigate the spread of COVID-19. This included restrictions of IDP/refugee movements in/out of camps. The camps were sanitized by the department of public health to mitigate the spread of COVID-19. In addition, UNHCR with other UN agencies and partners continued to provide lifesaving activities in the camps as follows:

#### **a. Refugees in camp settings:**

- Each family twice received cash assistance of 240,000IQD from UNHCR
- Around 35000 families received 45 KG of food items from a number of NGOs.
- Each family twice received a food package and a hygiene kit from the Ministry of Displacement and Migration in Iraq (MODM)
- Each camp resident twice received 11,000IQD from WFP.
- Random amounts of food packages and cash were distributed to random or targeted families through charitable actions on more than one occasion.

#### **b. Refugees in out-of-camp settings**

As for assistance provided outside camps, local organizations in Sulaimaniya, Erbil, and Duhok provided food packages and hygiene kits to low income families from host communities, refugees, and IDPs in different locations. The federal government and KRG did not prepare an action plan to provide any financial support to the displaced and low income, disadvantaged families.

Based on our findings, government emergency cells and the national surveillance, preparedness and response plans did not address and protect the rights and the safety of asylum seekers, IDPs, and refugees during the outbreak of COVID-19 in Iraq and the Kurdistan region.

In terms of the gender implications of COVID-19, the number of registered gender-based violence (GBV), intimate partner violence (IPV), sexual exploitation and assault (SEA) incidents among women, girls, the LGBTQIA community, and other vulnerable population were high. The General Directorate to Combat Violence Against Women (GDCVAW) reported that there was a significant

increase of cases of GBV, especially domestic and IPV, recorded through hotline numbers, and NGOs reported on the increase of violence against LGBTQI cases. During the outbreak of COVID-19, HAI accountability officers and protection monitors in UNHCR projects disseminated the hotline number for women, men, boys, and girls established by the Iraqi Information Center (IIC). HAI protection teams receive daily calls from people of concern (PoC) over the service line established in our UNHCR project and our team recorded 342 calls from PoCs in April 2020 only from Sulaimnaya, of which 77 were women. Based on our findings, there is no supportive GBV response team from the government side to provide any sort of intervention during the lockdown, and those who reached the call centers said they mostly got verbal advice without any tangible intervention support.

Additionally, we observed an increase in suicide attempts and suicide cases during the lockdown time among displaced people as well as host community members.

Regarding washing services and hygiene commodities provided to refugees and IDPs, we have not observed any problem regarding the existing WASH service particularly due to COVID-19, however, there is an ongoing problem in the camps about lack of water and other public services. There have been sanitization campaigns by public health actors that took place in the camps on how to avoid COVID-19 risks and consequences. The main concern shared with the protection team was food security.

Finally, and regarding women's livelihood, concerns over the spread of the virus, limited travel and movement restrictions in general limited migrant women's work opportunities, cutting off livelihood support for them and their families. The cutting off of livelihood support for PoC families including women head-of-household due to the curfew and lockdowns imposed by the government to mitigate the spread of COVID-19 was one of the main concerns shared with the protection team. Our UNHCR protection monitors assessed some families in such situations. The provision of cash and NFI assistance by humanitarian actors temporarily supported PoCs in need in this area as a short-term solution.

At the end of his paper, Mr Barzinjy concluded that from his organisations's perspective, emergency preparedness and response plans should incorporate gender analysis, considering AGD (age, gender and diversity) and gendered roles, addressing the risks and responsibilities, and highlighting the impact of social norms on women in emergency situations, with our team working to collect disaggregated data on age and gender under all services provided; protection, legal, complaints, and registration services. He added: "Our team aims to ensure Gender mainstreaming in the activities

and to provide a safe space for women and girls to raise their complaints and approach our Information Feedback Points (IFP) inside the camps, via the complaints boxes and through the hotline numbers.”

**The second speaker, Robin Fleming, talked about COVID-19 in IDP camps in North and East Syria the challenges people encounter while facing a pandemic outside the state.**

Ms Fleming said that while the virus itself spreads indiscriminately, it is undeniable that certain groups are more vulnerable to the effects of COVID. She highlighted that communities of North and East Syria were particularly vulnerable; 600,000 internally displaced people, 200,000 of whom reside in camps and ad-hoc settlements, the majority of whom are women and children. After nine years of war, and operation Peace Spring in October 2019, the residents of North and East Syria are left with damaged infrastructure, and frequent lack of resources necessary for essential hygiene and medical care to defend against COVID.

She added that due to North and East Syria’s autonomy from the Syrian regime and its lack of official status, it is under constant embargo and is refused necessary aid from both the United Nations and the World Health Organization. While the Autonomous Administration endeavours to keep the pandemic from spreading, it is left to struggle alone, privately purchasing PCR testing machines for COVID, while the WHO has provided over 1,000 testing kits to the Syrian government.

According to Ms Fleming, the Rojava Information Center had conducted on the ground research in a number of IDP camps across North and East Syria, and spoken to health officials presiding over the Coronavirus pandemic in order to clearly evaluate the situation, and bring attention to the women and children inhabiting these camps who have already experienced the trauma of war and displacement, and are now facing the COVID-19 pandemic - which has an estimated fatality of 10% in camps and detention centers.

### **The third speaker, professor Jan Ilhan Kizilhan, discussed the psychological impact of COVID-19 in refugee camps in Iraq**

According to Professor Kizilhan, this unprecedented infection has caused a global crisis with great psychological consequences. He compared the coronavirus crisis to natural or chemical disasters, terrorist attacks or war in the way it will cause considerable psychological problems, including Post-Traumatic Stress Disorder (PTSD). The pandemic will create a humanitarian catastrophe most particularly in refugee camps in war and crisis regions, as medical and psychological care is almost non-existent. 'For example, over 350,000 survivors of ISIS terror in the Kurdistan Region of Iraq (KRI) live in more than 20 refugee camps. These communities which had already been traumatized are now confronted with restrictions on movement, which can exacerbate the underlying psychological suffering and lead to increased suicide rates'.

'Given the conditions in the refugee camps, globally promoted practices of hand washing are simply not sufficient to prevent a respiratory disease such as COVID-19 from spreading. Moreover, social distancing is impossible in high-density camps where numerous families live in close proximity to each other. At present, it is impossible to assess the extent of spread of the virus, as no tests for the disease are available in the camps. Concurrently, movement restrictions limit the work of humanitarian actors who provide basic goods such as food, water and medicines. According to local first-hand impressions, this has been causing considerable concern and anxiety among people in the refugee camps.'

Professor Kizilhan mentioned a pilot study conducted in April 2020, which explored the mental health of a cohort of Yazidis in a refugee camp in KRI. Sixty-eight displaced persons participated in the research, using psychometric measures before and shortly after the COVID-19 outbreak. He said: 'The study shows that the prevalence of PTSD increased to ~58% (95% CI=34.1%–62.5%) in females and ~47% (95% CI=28.5%-52.4%) in males; its rate was significantly higher among females than males (~43% vs. ~58%) ( $\chi^2(1, N= 68) = 9.2, p < .01$ )'. In comparison to 2019, he added, 'Female IDPs reported an average of 9.04 (SD = 2.82) of 17 DSM-IV symptoms compared to an average of 4.76 (SD = 2.04) symptoms for the males ( $F(1,137) = 7.8, p < .01$ ). While in 2020, women and girls reported an average of 12.01 (SD = 3.12) DSM-IV symptoms compared to 6.46 (SD = 2.16) symptoms reported by males ( $F(1,327) = 9.1, p < .01$ ).

'Lockdown with complete isolation and the impossibility of leaving the camp has probably reactivated traumatic experiences with a feeling of helplessness, similar to that during captivity or flight', he added. 'Our analyses in a refugee camp provide additional evidence that being unable to obtain any medical

support, the experience of repeated helplessness and the loss of control seem to play an impressive role among those who still report suffering from traumatization and other mental disorders after five years of experiencing genocide.’

Once the crisis is over, up to 20 % percent of IDP and refugee people will most likely suffer permanently from psychological symptoms such as anxiety and depression. For this reason, they will have to be treated in outpatient or inpatient care settings. This evaluation is based on past experiences from crisis regions.

‘In particular, the care and treatment of traumatized survivors of war in crisis and post-conflict regions, including the many refugee camps around the world, will confront us with a new challenge.’

### **Concluding remarks**

‘We live in a world with a lot of fear and uncertainty. The infection has not yet reached refugee and IDP settlements in the Middle East, but the preventive measures taken by humanitarian agencies and local government have had direct impact on the livelihoods of displaced people. The full devastating consequences of COVID-19 have yet to be known in the world in general and among vulnerable populations in war-torn countries, in particular’, Dr Begikhani concluded. Beyond the direct health related impact of the pandemic, we expect to witness negative impacts of preventive measures (lockdown), their economic consequences (aid and food shortage, unemployment and income deprivation etc.) and social outcomes (gender violence, inequality, segregation, social tensions etc.). To ensure that the needs and requirements of potentially vulnerable groups among displaced and refugee populations, particularly women and girls, are taken into consideration during and beyond the pandemic response, we need to keep this conversation going, combining field experience with academic analysis referencing the gender inequality and intersectional violence which preceded the pandemic.